INSTRUCTOR STATEMENT FORM

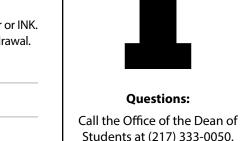
Instructors: Completing this form does not constitute your approval of the student's request for retroactive medical withdrawal. Rather, it aids the Office of the Dean of Students as we process the student's request. Please use INK. *Return completed form to the student.*

Students: Please complete the top portion of this form using a computer or INK. Attach a completed and signed form with your request for medical withdrawal.

Today's date:

Student's Name (print):

Student's UIN:



MEDICAL WITHDRAWAL

Course Prefix	Course Number	Number of Units	Semester Taken	Instructor

CHOOSE THE ITEM THAT MOST ACCURATELY DESCRIBES THE STUDENT'S SITUATION AS IT PERTAINS TO YOUR CLASS.

According to class records:
The student stopped attending class on (date):
Grade earned at that time:
Was there a final exam in this course? 🛛 🗌 Yes 🔄 No
If so, did the student take the final exam? 🛛 Yes 🗌 No
This student never attended my class
Comments:
Instructor signature: Date:

Attention student: In the event you are unable to locate the instructor of this course, please make all reasonable attempts to contact the head of <u>this course's</u> department regarding this form.

I assert that the information on this form is accurate and correct to the best of my knowledge.

Student's signature: