



## Current Semester Voluntary Medical Withdrawal (VMW)

### Step 1 Please complete the following information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CCC Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CCC Email address: (We will mail our decision to you at this address.) Please print clearly. \_\_\_\_\_ Campus: \_\_\_\_\_

### Step 2 Please read the follow section regarding financial aid and veterans benefits

#### Are you receiving financial aid?

If yes, please be aware that a VMW may affect your financial aid. It is important that you discuss this with a financial aid representative.

#### Are you receiving any veterans' educational benefits?

If yes, go to the Financial Aid Office or the Veterans Services Center for information about how this request could affect your benefits.

### Step 3 Description and Explanation

Describe how your mental/physical condition is preventing you from attending class/completing your coursework.

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### Step 4 Medical Documentation

Please provide a signed letter from your medical care or mental health provider and/or other medical records documenting your condition. **In most instances, a letter from your provider will suffice if it contains:** 1) name of condition; 2) date of the onset of the condition; 3) a statement that the condition negatively impacts your class attendance and completion of coursework; 4.) dates of treatment; and 5.) whether the condition will continue to negatively impact your academic performance for the remainder of the current term. Please attach all documentation and submit with this request.

**Step 5 Class Schedule**

A Voluntary Medical Withdrawal requires withdrawal from all of your courses at your college of record (home college) and courses you may be taking at another of the City Colleges. **Please attach to this request a copy of your class schedule for all courses taken at CCC for the current term.**

**Step 6 Understanding of Shared Information**

In order to evaluate your request, your information, including medical information, may need to be shared with other college staff on a need-to-know basis. Please indicate below your understanding that your personal medical or mental health information may be shared with CCC staff who will be evaluating your request and inputting relevant changes in your educational record.

- Yes, I consent to release of information regarding my Voluntary Medical Withdrawal request.
- No, I do not consent to release of information.

**Step 7 Your Signature**

I confirm that the information I have provided with this request is accurate and true to the best of my knowledge. I also understand that, if granted, a Voluntary Medical Withdrawal may impact my academic progress, financial aid, and veterans' educational benefits. I also understand that, if granted, no student account refund is provided and that I am responsible for all tuition and fees for classes not dropped prior to the qualified tuition refund date. Further, I also understand that the Voluntary Medical Withdrawal will appear on my student record (including transcripts) as "VMW."

Signature:	Date:
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**Step 8 Submit Your Request to the Registrar's or Dean of Student Services' Office**

Please submit your request, which includes this form, medical documentation, and a copy of your class schedule, to the Registrar's or Dean of Student Services' Office.

**BELOW FOR INTERNAL USE ONLY**

- VMW request is approved for term \_\_\_\_\_
- VMW request is not approved for term \_\_\_\_\_

Reason for not approving: \_\_\_\_\_

<b>CCC Approval Signature</b>	
<b>Date</b>	

Signature and date below indicate the Registrar's Office has changed the student's record to reflect the VMW, if approved.

<b>Registrar's Office Signature</b>	
<b>Date</b>	