PETITION FOR DEAN'S WITHDRAWAL CARE PROVIDER VERIFICATION

INSTRUCTIONS FOR STUDENT:

Complete all pages of the Dean's Withdrawal Petition and submit to your current care provider (i.e., physician, psychiatrist, psychologist or appropriate person in the WWU Student Health Center or Counseling Center) for verification of the illness or injury that prevented you from completing your coursework for one or more classes. **The care provider should complete and sign the bottom portion of this form**. It is your responsibility to ensure that it is returned, along with your petition and personal statement to the Office of Student Life.

Print Student's Name	
Student's Signature	Date
appropriate information to the Of understand and authorize release	I am requesting that my health care provider verify and release ffice of Student Life in support of my petition for a Dean's Withdrawal. It of health care information that may include: drug and alcohol abuse or ment; mental health information; pregnancy-related records; and/or sexually HIV.
	Instructions for the Care Provider
care provider will support the stu	a Dean's Withdrawal. Verification of the condition, illness or injury by a licensed dent's petition. Prior to signing this, please review the completed petition, , to ensure that all information provided is consistent with the condition for which
Date of Birth//	Date of Diagnosis//
•	or to this quarter? [] Yes [] No jury potentially life-threatening? [] Yes [] No on that may be helpful in considering this petition:
Care Provider Information: Name	e Title
Health Care Facility/Office/Praction	ce/Phone #
Signature	Date

Office of Student Life/Western Washington University
Office Phone (360)-650-3706/Fax (360)650-4355/Email student.life@wwu.edu