

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 _____

Student Check **Initial** _____ *I am requesting that my health care provider verify and release appropriate information to the Office of Student Life in support of my petition for a Dean's Withdrawal. I understand and authorize release of health care information that may include: drug and alcohol abuse or dependency diagnoses and treatment; mental health information; pregnancy-related records; and/or sexually transmitted infections, including HIV.*

Instructions for the Care Provider

The student, above, is requesting a Dean's Withdrawal. Verification of the condition, illness or injury by a licensed care provider will support the student's petition. Prior to signing this, please review the completed petition, including the personal statement, to ensure that all information provided is consistent with the condition for which you saw/treated the student.

Date of Birth _____ / _____ / _____ Date of Diagnosis _____ / _____ / _____

Was/is the condition, illness or injury potentially life-threatening? Yes No

Please note any other information that may be helpful in considering this petition:

Care Provider Information: Name _____ Title _____

Health Care Facility/Office/Practice/Phone # _____

Signature _____ Date _____

Office of Student Life/Western Washington University
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