



# JACKSONVILLE UNIVERSITY

## Process and Requirements

1. Complete Withdrawal form “attached” to this document.
  2. Tuition Appeals Form - Connect with [tuitionappeals@ju.edu](mailto:tuitionappeals@ju.edu) to learn more about this process.
  3. Personal Statement - A formal letter to the Committee explaining your current circumstances or explaining why you are trying to process a medical withdrawal. Please provide as many details as you wish to share.
  4. Supporting documents – Medical documentation supporting the request and/or need for withdrawal, that includes specific information on how the medical situation/condition impacted the student’s ability to fulfill the course/term requirements.
- Complete ALL documents as instructed and turn in all your paperwork to the appropriate offices and/or send it to the following email, [medwithdrawals@ju.edu](mailto:medwithdrawals@ju.edu).



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## Medical Withdrawal Request

Name: \_\_\_\_\_ Student Id: \_\_\_\_\_ Date: \_\_\_\_\_

Term: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Winter \_\_\_ Academic Year: \_\_\_\_\_

Requesting withdrawal from all classes: \_\_\_ Yes \_\_\_ No (partial request)

Requesting withdrawal from : \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ ,  
\_\_\_\_\_, \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_.

When was the last day you attended class? (select one)

\_\_\_ In person courses, please note the last day you attended class: \_\_\_\_\_

\_\_\_ Online courses, please put the last day you logged into your class: \_\_\_\_\_

Correspondence to be mailed to (please check one and provide address):

\_\_\_ Email: \_\_\_\_\_

\_\_\_ Address: \_\_\_\_\_

Reason for request (briefly explain your reason for request): Please note this does not waive the need for a personal statement. You can write "see attached", if only providing a personal statement.

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Note:

Verify that all the required documents are attached before submitting.