



**Southern Utah University  
Registrar's Office  
351 West University Blvd  
Cedar City, UT 84720**

**To Students applying for an Emergency Withdrawal:** The university recognizes that in certain circumstances a health issue may so significantly impact a student's academic work that an Emergency Withdrawal for the term is needed. The policy for Emergency Withdrawal is stated in the catalog as follows:

"Students may also withdraw completely from the university for a term for medical or other emergency situations. The student must complete an Emergency Withdrawal Petition, provide written evidence from a physician and a personal explanation to the Registrar. This must be completed in a timely manner and in no case later than the last day of class in any given term. If granted, normal withdrawal grading policies will be followed."

**Emergency Withdrawal Petition**

(All information must be completed for the petition to be considered.)

Today's Date: \_\_\_\_\_

Term/Year: \_\_\_\_\_

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

T-Number: \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Your current class standing: Fr  So  Jr  Sr  Grad

Advisor: \_\_\_\_\_

Major: \_\_\_\_\_

Please answer the following questions:

- Are you seeking a medical withdrawal at the recommendation of a health care professional? **Yes**  **No**
- Name of health care professional providing information \_\_\_\_\_  
Statement attached  Statement requested
- Name of University staff or faculty member who is aware of your situation with whom we may consult: \_\_\_\_\_
- Have you been hospitalized this semester as a result of this condition? **Yes**  **No**
- Were you aware of (or been treated for) this condition prior to this semester? **Yes**  **No**
- Have you regularly attended your classes? **Yes**  **No** 
  - If **no**, how much class time have you missed as a result of your condition? \_\_\_\_\_
- Have you withdrawn from any/all of your courses? (**do not** do so now – the Registrar's Office will notify faculty and appropriate university offices of your emergency withdrawal) **Yes**  **No**
- Have you previously petitioned for an emergency withdrawal? **Yes**  **No**

Should your emergency withdrawal be granted, we will need the following information:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| - Are you requesting a refund?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Do you receive Financial Aid? * (see below)                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Do you receive Veteran's Benefits?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Have you received a refund from your student account this semester? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Do you live on campus?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - Do you have a meal plan?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**\*Please note: It is the student's responsibility to consult with Financial Aid (435) 586-7735 or [finaid@suu.edu](mailto:finaid@suu.edu) on the financial aid implications of a medical withdrawal. Students on Financial Aid or Veteran's Benefits may be required to repay a portion or all their aid received.**

**Students withdrawing from the university and subsequently re-entering are advised that degree requirements may change in their absence, and that specific academic programs may be unavailable to them on their return to the university.**

I have met with a Financial Aid Counselor to discuss the financial aid implications of an emergency withdrawal.

\_\_\_\_\_  
Financial Aid Counselor Signature

I, \_\_\_\_\_, hereby authorize Lindsey Brown, Registrar or her designee, to contact my health care provider (listed on reverse side), and utilize my educational records at SUU for further information regarding my emergency withdrawal petition. This authorization will remain in effect through the next academic year.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name and ID number

\_\_\_\_\_  
Email address

Return to:

Registrar's Office  
Southern Utah University  
351 West University Blvd  
Cedar City, UT 84720

(435) 586-7715  
[registrar@suu.edu](mailto:registrar@suu.edu)