



# Greenfield Community College

One College Drive, Greenfield, MA 01301-9739

(413) 775-1813

Office of the Registrar

## Medical Withdrawal Guidelines

**Definition:** A medical withdrawal is a withdrawal from classes due to a severe medical condition, either physical or emotional. It is intended for use only in extraordinary circumstances in which unanticipated serious illness or injury prevents a student from continuing to attend or participate in one or more classes.

### Process:

- 1) A student should consult with an advisor and, if applicable, a member of the Financial Aid Office staff to ensure that all ramifications of a medical withdrawal are clear.
- 2) A student must complete and submit the following to the Dean of Enrollment Services office (C103):
  - *Request for Medical Withdrawal* (in a sealed envelope to protect confidentiality)
  - *Health Care Provider Endorsement* (in a sealed envelope to protect confidentiality; may be provided directly by a health care provider)

### Tuition and Fee Charges:

The College's regular refund policy will apply to withdrawals due to health issues during the refund period. There will be no refund for medical withdrawal after the refund period has expired. The College treats withdrawals due to health issues no differently than a normal withdrawal.

### Exceptions to the Refund Policy:

A student may request an exception to the refund policy by submitting a written appeal to the medical withdrawal refund exception committee. Exceptions are made on a case-by-case basis. An appeal should contain enough information to allow an examination of all pertinent facts, and should include any documentation that will strengthen the request. An appeal is considered permission for the committee to examine all information that was submitted as part of the request for a medical withdrawal. For additional information consult the appeals area of the GCC Student Billing website: <http://web.gcc.mass.edu/billing/your-bill/appeals-process/> or the current catalog.

**Questions:** For questions about the medical withdrawal process contact Elaine Lapomardo, Dean of Enrollment Services via email ([lapomardoe@gcc.mass.edu](mailto:lapomardoe@gcc.mass.edu)) or telephone (413-775-1804) or in person (room C103). If not available, contact Holly Fitzpatrick, Registrar through email ([fitzpatrickh@gcc.mass.edu](mailto:fitzpatrickh@gcc.mass.edu)) or telephone (413-775-1813) or in person (room C103).



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**Request for Medical Withdrawal – Part 1**

Instructions: Complete both sides of form. Return to Elaine Lapomardo, Dean of Enrollment Services, room C103 in a sealed envelope. Refer to the Medical Withdrawal Guidelines for further clarification and requirements.

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

Student ID Number: \_\_\_\_\_

I hereby request a medical withdrawal from the following term (write in year):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_ Summer II \_\_\_\_\_

I request a withdrawal from:

All of my classes

Only the class(es) specified below:

My last day of attendance was:

\_\_\_\_\_

CRN	Course code (e.g. ENG 101)	Section

I have read the Medical Withdrawal Guidelines. I certify that all of the information I have provided with this request is true and accurate to the best of my knowledge.

Student's Signature: \_\_\_\_\_

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

**For Office Use Only:**

Withdrawal effective Date: \_\_\_\_\_

Dean of Enrollment Services Signature: \_\_\_\_\_

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

**Request for Medical Withdrawal Part 1 – Page 2**

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

Student ID Number: \_\_\_\_\_

Briefly describe your justification for requesting a medical withdrawal, please. If you are not dropping all of your classes, please explain.



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**Request for Medical Withdrawal – Part 2**  
**Health Care Provider Endorsement**

The student named below is requesting a medical withdrawal from Greenfield Community College. The information you provide will be used in considering the student’s request. It will not become part of the student’s academic record, but will be retained in a separate administrative file in the Dean of Enrollment’s Office. Please return the completed form by mail to the Enrollment Services, Attn: Elaine Lapomardo, Dean of Enrollment Services, Greenfield Community College, One College Drive, Greenfield, MA 01301-9739. If the form is given to the student for hand delivery, please place in a sealed envelope and sign the outside seal. Thank you for your assistance in this process.

Please attach your business card to the form.

**For the student:** I hereby authorize the health care provider named below to release necessary medical information to Greenfield Community College to support my request for a medical withdrawal.

\_\_\_\_\_  
 Student’s Name (*printed*)

\_\_\_\_\_  
 Student’s Signature

\_\_\_\_\_  
 Date

**For the health care provider:**

\_\_\_\_\_  
 Health Care Provider’s Name (please print)

\_\_\_\_\_  
 Telephone Number

Please indicate below the start and end dates of the period when the student named above was incapacitated and unable to participate in normal class activities at Greenfield Community College due to his or her medical condition. Please indicate if the limitation is for all classes or only for specific classes and/or activities.

\_\_\_\_\_  
 Start Date

\_\_\_\_\_  
 End Date

If special circumstances apply, please describe those circumstances below. Use additional pages or attach additional documents, if necessary.

Special Circumstances:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Health Care Provider’s Signature

\_\_\_\_\_  
 Date