



**Records and Registration Office**

Butler County Community College

107 College Drive

Butler PA 16002

724-284-8510

Fax: 724-287-0092 Email: registration@bc3.edu

**Medical Withdrawal Form**

Student Statement: I am requesting a complete withdrawal from all classes at Butler County Community College for medical reasons. When top of form is complete please sign and submit to Physician for diagnosis and signature. Once completed by the Physician return to the Records and Registration Office or other BC3 campus location.

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_

Name (Last, First, M.I.) \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

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

**PHYSICIAN'S STATEMENT**

I have reviewed the medical files and interviewed the student listed above, and I have determined he/she should immediately withdraw from all classes at Butler County Community College for the current semester.

Diagnosis (Please Print): \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

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

Dates Under Care: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Issued: \_\_\_\_\_ Date Received: \_\_\_\_\_

Recommended Action: \_\_\_\_\_

\_\_\_\_\_  
Dean of Admissions & College Registrar Date

\_\_\_\_\_  
Vice President of Student Affairs and Enrollment Management Date

Tuition Refund: \_\_\_\_\_ Approved and Sent to Finance Office: \_\_\_\_\_  
Date