



(This form must accompany a completed Add/Drop For)

Please Print

Student's Name: _____ ID #: _____

Doctor's Name: _____ Today's Date: _____

Office Phone (for verification): _____

IMPORTANT: Black Hawk College policy provides that a student may receive a full refund of **TUITION** if a licensed physician submits a statement recommending for medical reasons that the student withdraws from his/her classes. **WITHDRAWAL** must be complete – not just a reduced load. To be considered, withdrawals must be submitted in a timely manner and/or before final examinations begin.

It is my recommendation that the above student withdraw his/her name from all courses at Black Hawk College for the

_____ Fall _____ Spring _____ Summer term of _____ (year).

Date or time frame student will be/was under doctor's care: _____

Comments: _____

Due to the medical condition of the student, it is medically necessary that the student withdraw from his/her courses.

Physician's Signature

For Office Use Only

Received by _____ Date _____