



# JACKSONVILLE UNIVERSITY

## Medical and Compassionate Withdrawal Policy

The University recognizes that severe, unforeseen personal, medical, or extenuating circumstances may arise that prohibit a student from continuing and completing their coursework within a given semester. This may be a result of personal illness or injury; the illness, injury, or death of an immediate family member; required military relocation or job transfer out of the area; or other extenuating circumstances that may warrant a medical or compassionate (hereinafter referred to as “medical”) withdrawal.

Students may be eligible to apply for a partial or a full medical withdrawal. To be eligible for a partial or full medical withdrawal, the student must submit sufficient documentation to support the withdrawal request. The following information pertains to the documentation required and the process to follow when submitting the request. Please note that this process only applies after the regular withdrawal period has ended.

### ***Partial Medical Withdrawal***

A Partial Medical Withdrawal consists of withdrawing from one or multiple courses in which a student is enrolled. This request must be completed and turned in prior to the week of finals or before final grades are posted, whichever occurs first, to be considered for review.

### ***Full Medical Withdrawal***

A Full Medical Withdrawal consists of withdrawing from all courses in which a student is enrolled. This request must be completed and turned in prior to the withdrawal deadline of the following term.

### ***Request & Documentation Process***

This request must be:

1. Made within the medical withdrawal deadlines listed above.
2. Accompanied by specific supporting documentation:
  - Medical documentation from a licensed health care provider directly caring for the student
  - Medical documentation from a licensed healthcare provider stating you were the primary caregiver of the ill immediate family member
  - A copy of the death certificate if the request is due to circumstances surrounding the death of an immediate family member
  - Military transfer orders or employment verification if the request is related to a relocation
3. Accompanied by a personal statement specifying how the medical condition or personal circumstance directly impacted coursework or the ability to attend class.

Contact the committee at [medwithdrawals@ju.edu](mailto:medwithdrawals@ju.edu) for additional information. Be advised, all medical/Compassionate withdrawal decisions are final, unless otherwise notified.



# JACKSONVILLE UNIVERSITY

A medical withdrawal, if granted, impacts only a student's academic registration. Any appeals regarding tuition and fees paid will be determined by the Office of Student Financial Assistance committee. Please reach out to them directly at [tuitionappeals@ju.edu](mailto:tuitionappeals@ju.edu) to inquire about this process.

For situations occurring after the medical withdrawal deadline, students may send an appeal to the Senior Vice President for Student Affairs/Dean of Students or their designee for a late medical/compassionate withdrawal from the University. The appeal must be submitted via email to [kgover1@ju.edu](mailto:kgover1@ju.edu). The student will have to present medical documentation (or other supporting documentation) that supports the extenuating circumstances that would have prevented the student from applying at an earlier date.

For students enrolled in a program with clinical requirements, please be aware that the late request process will include the following steps:

1. If you had extenuating circumstances that prevented you from applying during this timeline, please make sure you add a statement indicating the situation and/or reasoning.
2. Your faculty members will receive an email from us requesting input about your progression in the term and/or any additional information they may have.
3. Your academic program will be notified that you have made this request, as well as once a decision is made, but it's important to note that the information provided for this process will not be shared with them.
4. Any decision made by this committee will not change any decision already made by your academic program and will only change your academic report. If approved, you will have a "w" instead of a grade.

If a student is involved in a Code of Conduct violation(s) occurring prior to the submittal of a medical/Compassionate withdrawal request, the sanction(s) assigned for the violation will take precedence over the medical/Compassionate withdrawal process.

Questions about this policy should be directed to the Student Life Office (Davis Student Commons, third floor, 904-256-7067).



# 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.
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- 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).



# JACKSONVILLE UNIVERSITY

## Medical/Compassionate Withdrawal Request

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

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

Status: \_\_\_ Suspension \_\_\_ Dismissed \_\_\_ Other, please specify \_\_\_\_\_

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 information is already noted on the personal statement.

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Note: Verify that all the required documents are attached before submitting.

Certification Statement:

I hereby certify that the information provided is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in disciplinary action or other consequences in accordance with the Jacksonville University Code of Conduct, and/or any other applicable policies and procedures.

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

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