Medical/Emergency Withdrawal Consultation Form
International Students

This form must be completed by International Students who have an F1 or J1 visa prior to submitting a request for a medical/emergency withdrawal from the University. **The signed form must be included with the medical withdrawal package that you submit to the Office of Student Affairs.**

Name:	MUID:	Phone No:
Permanent Address (Number, Street, Apt.)	City, State, Postal Code:	

If you are an International Student with an F1 or J1 visa, you must meet with your advisor in the Center for International Programs **prior** to submitting a Request for Medical/Emergency withdrawal. It is important that you fully understand the potential immigration consequences that may occur from withdrawing from the university.

I have discussed with my advisor in the Center for International Programs and understand the consequences of withdrawing from the University.

Student Name (signature):	Date:

I have met with the student above and have explained the consequences of withdrawing from the university that are pertinent to the Center for International Programs.

Center for International Programs Advisor (Signature):	Date:

If you are a US Citizen or otherwise not subject to visa regulations, you need not complete this form.

Students: You should provide information in the appropriate spaces and sign and date where indicated.

*Staff: After you have advised the student named above, please sign and date the form where indicated. If students have consulted with you by phone, please indicate "*Phone*" in the student signature line.*

Completed and signed forms should be delivered, faxed, or emailed to

Student Affairs
MSC 2W38
Marshall University
1 John Marshall Drive
Huntington, West Virginia 25755

Fax: 304-696-4347

Email: lapelle@marshall.edu

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