Medical/Emergency Withdrawal Consultation Form
Housing & Residence Life

This form must be completed by students living in residence halls prior to submitting a request for a medical/emergency withdrawal from the university. **This form must be signed by a staff member in the Housing and Residence Life Office and must be included with the medical/emergency withdrawal package you submit to the Office of Student Affairs.**

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

I have discussed with a staff member in the Office of Housing & Residence Life and understand the consequences of withdrawing from the university.	
Student Signature:	Date:
I have met with the student above and have explained the consequences pertinent to Housing and Residence Life of withdrawing from the university.	
Housing & Residence Life Staff Member (Signature):	Date:

If you do not live in a residence hall, you need not complete this form.

Students: Please 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