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| **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

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