Successful letters in support of medical withdrawal identify the following seven points:

1. Student name
2. Date of first visit/treatment during the semester of requested withdrawal
3. What prevented course completion? (e.g., surgery, severe injury, medical depression, specified chronic illness)
4. Period of treatment during the semester the withdrawal is requested
5. If not a complete withdrawal of all courses, identify how circumstances prevented completion of identified course(s).

SAMPLE STATEMENTS for LETTERS BY PHYSICIANS/PSYCHIATRISTS:

DATE: Date of letter

TO: UNDERGRADUATE ACADEMIC AFFAIRS
109 E. Cullen
University of Houston
Houston, Texas 77204-2035

RE: Medical Withdrawal, re STUDENT NAME

FROM: Physician Name, License Number (contact information)

Sample A: (incident of physical injury, surgery)
(Mr. Steve Sample) was admitted to Help Hospital on October 4, 2018 after severe injuries sustained in an automobile accident. Mr. Sample has been under my treatment from October 10 through present. Mr. Sample will undergo a series of operations that will prevent him from being able to attend classes for the remainder of the semester. Please accept my recommendation for his request for medical withdrawal for the fall term.

Sample B: (psychological/psychiatric)
(Ms. Susie Sample) has been my patient since September 2017 seeking treatment for a pre-existing diagnosed mental health condition. On July 7, 2018 Ms. Sample was admitted to my practice for extended psychiatric treatment. At that time, it was determined that Ms. Sample would be unable to complete her summer coursework. Please accept my recommendation for her request for medical withdrawal for the summer session for which she was enrolled.

Sample C: (chronic illness)
Mr. Steve Sample has been my patient since September 2017 seeking long term treatment for a chronic illness diagnosed as Crohn’s Disease. Starting September 14, 2018, Mr. Sample has had several return visits on September 20, October 12, 21 and 24, 2018 requiring minor treatment and causing him to miss a few classes. On November 7, 2018, Mr. Sample was admitted to the hospital for extended treatment. At that time, it was determined that Mr. Sample would be unable to complete his fall term coursework. Please accept my recommendation for his request for medical withdrawal for the fall term.

Sample D: (primary caregiver to an immediate family member who is ill, administrative withdrawal)
(Mr. Father Sample) was admitted to Help Hospital on October 4, 2018 after severe injuries sustained in an automobile accident. Father Sample has been under my treatment from October 10 through present. During that time his son, Mr. Steve Sample, served as the primary caregiver to his father. This required repeated return visits to and from the hospital, constant watch and support under home care while his father underwent a series of surgeries. The final surgeries were conducted on November 5 and November 26 preventing Steve Sample from being able to complete his fall term courses while he cared for his father’s recovery. Please accept my recommendation for consideration for administrative withdrawal for the fall term.

SAMPLE STATEMENT FOR LETTER TO RETURN TO SCHOOL FROM MEDICAL WITHDRAWAL
(from same doctor or indicate switch of doctor/treatment):

Ms. Susie Sample has been my patient since September 2017 seeking treatment for a pre-existing diagnosed health condition. On July 7, 2018 Ms. Sample was admitted to the hospital for long-term treatment. At that time, it was determined that Ms. Sample would be unable to complete her coursework for the summer term. Her condition has now stabilized and she is under a regular rehabilitation treatment schedule. As of November 1, 2018 she may return to her studies at the university and is able to successfully resume her coursework in the next possible term.