



MEDICAL DROP FORM

Student Name _____ Student ID _____

IMPORTANT: Black Hawk College policy provides that a student may receive a full refund of **TUITION and FEES** if a licensed physician submits a statement recommending that the student withdraws from his/her classes for medical reasons. **WITHDRAWAL** must be complete – not just a reduced load. To be considered, withdrawals must be submitted in a timely manner **no later than the beginning of final exams for the term enrolled.**

Please attach required documentation:

- **A written statement from the doctor on their office letterhead** confirming that it is medically necessary for the student to withdraw from all courses for the term. The statement must include the doctor's signature and the dates the student was or will be under a doctor's care.
- **A completed Add/Drop Form.**

Financial Aid/Veterans Benefits Recipients: Financial Aid is based on attendance for the entire term. **Dropping will affect your completion rate and may require repayment of financial aid.** You must talk to Financial Aid to determine the possible consequences of submitting a Medical Drop.

Check appropriate boxes below:

I have consulted with the Financial Aid Office and am aware of the consequences of submitting a Medical Drop.

I do not have Financial Aid/Veterans Benefits.

I am requesting a Medical Drop for the following term:

Fall

Spring

Summer

_____ Year

Student Signature _____ Date _____

****Signature line may be left blank, and e-signature will be accepted when completed form is sent from a student's myBHC email account.***

Return this completed form with your Add/Drop form and your doctor's letter to the Enrollment Services Office. You may also email the form with the required documentation to registrar@bhc.edu.

Office Use Only: Approved by _____ Date _____