



## Request for Medical Exceptions

ESP@wayne.edu

### What is a medical exception?

Students facing significant health and medical issues that prevent them from engaging in coursework may be eligible for a medical exception. The condition must be documented by a licensed health care professional during the semester the exception is being requested. If approved, a medical exception grants 100% tuition and fee cancellation for the course(s) indicated. Courses are removed from the transcript once approved, but credit hours will be counted as attempted hours. Attempted hours are credit hours that a student registered and did not drop. What is the deadline for applying for a medical exception?

Applications will be accepted up to 60 calendar days after the end of the term as posted on the [Academic and Registration calendar](#). If that falls on a weekend or a day the university is closed, the deadline will be extended until the next business day. In extenuating circumstances, the Office of the Registrar may be able to grant exceptions to the deadline.

### What else should be considered before applying for a Medical Exception?

- Medical exceptions only address tuition and fees. A medical exception is for medical conditions that apply to the student. If an exception is required due to a family member's medical condition, email [esp@wayne.edu](mailto:esp@wayne.edu) to request an Exception to Enrollment Policy form.
- Students living in campus housing are also responsible for contacting Housing regarding changes to enrollment. Contact the Office of Housing and Residential Life at (313) 577-2116 or email at [housing@wayne.edu](mailto:housing@wayne.edu)
- If a student is receiving financial aid and the request is approved, their award may be adjusted. For more information, consult the Student Service Center staff at (313) 577-2100 or [studentservice@wayne.edu](mailto:studentservice@wayne.edu).
- Before resuming classes, students may want to schedule an appointment with their major/program advisor for assistance with course selection and resuming progress towards their degree.
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- In accordance with the Family Education Rights and Privacy Act (FERPA), students may authorize specific other people or entities to have access to their education records and advocate on their behalf by filing an [Authorization to Release Academic Records form](#) (AccessID and password required).

### Instructions for Students

#### Step 1: Withdraw from class(es)

To ensure proper consideration for a medical withdrawal, you are advised to withdraw from the classes prior to the deadline as posted on the Academic and Registration calendar (end of the 10<sup>th</sup> week for full-term courses). While a request is under review tuition payments should be made as scheduled.

W marks do not affect grade point averages. Submit a withdrawal for the course(s) through Academica. Instructions on how to withdraw from a course are available online at [wayne.edu/registrar/withdrawals](http://wayne.edu/registrar/withdrawals)

**If applying after the withdrawal deadline, you will not be able to submit a withdrawal request. Complete the forms and we will process a withdrawal for you.**



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### Step 2: Complete the Student Information form

In your statement, provide a timeline of what has occurred.

### Step 3: Contact your health care provider to complete the Medical Documentation form.

Pages 4 and 5 of this document are for your Health Care Provider. Complete your name and WSU ID/AccessID at the top of the Medical Documentation form and sign the Student Certification and Release of Student Information statement. The completed form should be returned to you to complete your application.

### Step 4: Submit completed application

Your application must include both forms. Incomplete applications will not be reviewed.

#### Mail/Fax/Email

Office of the Registrar  
Exceptions and Special Programs  
5057 Woodward, Fifth Floor  
Detroit, MI 48202  
Fax: (313) 577-7870  
Email: [esp@wayne.edu](mailto:esp@wayne.edu)

#### Drop Off

Student Service Center Lobby  
Welcome Center  
42 W. Warren  
Detroit, MI 48202  
[wayne.edu/student-service](http://wayne.edu/student-service)



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## Student Information Form

<b>Name (last, first, middle):</b>				<b>WSU Access ID:</b>	
<b>WSU ID Number:</b>				<b>Phone Number:</b>	
<b>Applicable Term/Year (complete one):</b>					
Fall 20_____		Winter 20_____		Spring-Summer 20_____	
<b>Provide all requested data for your classes in the applicable term (per sample line):</b>					
<b>Subject &amp; Course Number</b>	<b>CRN</b>	<b>Credit Hours</b>	<b>Date Last Attended</b>	<b>Date of Drop-Add-Withdraw</b>	<b>Office Use</b>
Sample: ENG 1000	98765	3	10/31/2022	11/01/2022	
<b>Provide a complete timeline of the facts and the resolution you are requesting. If necessary, attach additional pages with documentation.</b>					
<p><b>Financial Aid</b></p> <p>Are you a financial aid recipient? (circle one)      Yes      No</p> <p>If yes and this request is approved, <b>you may have to repay aid for the applicable academic year.</b> For more information, Student Service Center staff are able to answer your questions at (313) 577-2100 or <a href="mailto:studentservice@wayne.edu">studentservice@wayne.edu</a></p>					

ALL UPDATES AND DECISIONS ARE COMMUNICATED THROUGH YOUR WSU EMAIL ADDRESS



## Information for Health Care Providers

Thank you for your assistance with this request for a medical exception.

Students facing significant health and medical issues that prevent them from engaging in coursework may be eligible for a medical exception. Their condition must be documented by a licensed health care professional during the semester the exception is being requested. Wayne State University's policy on medical withdrawal exceptions is designed to comply with relevant federal laws, including the Americans with Disabilities Act (ADA).

By signing the Student Information Form, the student (your patient) has given authorization for you to share necessary information with our office regarding their medical condition and whether or not it warrants ceasing attendance.

Your documentation is an integral part of the student's application. **Incomplete applications cannot be considered for review.**

When completing the Medical Documentation Form:

- Be specific about the diagnosis
- Do not send case notes
- Be clear if you recommend, ***or would have recommended***, the student stop attending classes due to the nature of their diagnosis. Guideline: Would you, if you had a similar condition, be able to continue school?
- Explain if it is your determination that the condition ***does not*** warrant discontinuing attendance
- Retain a copy of the form for your records

Our office will be in contact to confirm the details on the form. If you have any questions, please contact us by email at [esp@wayne.edu](mailto:esp@wayne.edu) or call (313) 577-3541, #2



## Medical Documentation Form

If more than one physician is treating this condition, please provide a separate copy of this sheet to each

<b>Student Name (last, first, middle):</b>	<b>WSU ID or AccessID</b>
<b>Student Certification and Release of Information</b> I hereby authorize any physician or hospital to release all information with respect to myself which may have a bearing on this request. I hereby certify the information provided above is correct and true to the best of my knowledge.	
Student Signature: _____ Date: _____	
<b>A. Diagnosis (including any complications) Please Print:</b>	
<b>B. History:</b>	
1. Date patient first visited you for this condition (MM/DD/YYYY): _____/_____/_____	
2. Did you prescribe that patient should stop attending classes? (circle one) <span style="float: right;">YES NO</span>	
a. If yes, date on which you advised patient to stop attending classes: _____/_____/_____	
b. <b>If you had seen the patient earlier</b> , would you have advised an earlier stop date? (circle one) <span style="float: right;">YES NO</span>	
c. If yes, date you would have advised to stop attending classes: _____/_____/_____	
3. Date patient is released to return to classes: _____/_____/_____	
4. Upon return to school, will patient have any restrictions? (circle one) <span style="float: right;">YES NO</span>	
5. If yes, describe (attach additional sheet, if necessary):	
<b>C. Progress:</b>	
1. Circle progress made by patient: <b>Recovered Improved Unchanged Worsened</b> From _____/_____/_____ To _____/_____/_____	
2. Did current condition result in a period of confinement? (circle one) <span style="float: right;">YES NO</span> If yes, where and when? House: From _____/_____/_____ To _____/_____/_____ Hospital: From _____/_____/_____ To _____/_____/_____	
3. Was surgery performed? (choose one) <span style="float: right;">YES NO</span> If yes, date: _____/_____/_____ Type: <b>Inpatient Outpatient</b>	
<b>D. Physical Therapy:</b>	
Did the current condition result in a period of physical therapy? (circle one) <span style="float: right;">YES NO</span> If yes, Date of first visit: _____/_____/_____ Date of most recent visit: _____/_____/_____ Frequency (circle one) <b>Weekly Monthly Other (specify)</b> If physical therapy is completed, date of final visit: _____/_____/_____	
Provider's Signature: _____ Date: _____	
Provider's Name (Please print):	
Practice Name and Street Address:	
City, State, Zip/Postal Code:	
Telephone Number: _____ Fax Number: _____	