The University of North Carolina at Chapel Hill

Division of Student Success
Health and Wellbeing

Campus Box 7470
320 Emergency Room Drive
Chapel Hill, NC 27599

919-966-2283 | medical_interventions@unc.edu

Medical Withdrawal Agreement

Student Name: _____ PID: _____

Phone Number: _____ Email Address: _____

I am requesting a **Medical Withdrawal** for: Semester: _____ Year: _____

Medical Withdrawal Acknowledgments check yes or N/A (not applicable) for each statement below:

Yes **N/A**

☐ ☐ I have consulted with my academic/program advisor and have determined a medical withdrawal is appropriate.

☐ ☐ I understand I will not receive grades or residence credit for the semester. My transcript will reflect a withdrawal for the applicable term, with an effective date corresponding to the date the withdrawal is approved by UNC Health Campus Care. A registration hold will be placed on my university account, and any current or pre-registered courses will be dropped. Enrollment in any previously selected courses is not guaranteed upon re-enrollment.

☐ ☐ I understand I must vacate University Housing within 48 hours of the effective date of my withdrawal. For questions, email housing@unc.edu or call 919-962-5401.

☐ ☐ I understand I should contact my health insurance provider to determine if my withdrawal will affect my health insurance coverage or benefits. Students enrolled in the University-sponsored health plan should email insurancerep@unc.edu or call 919-966-6599. Students approved for a medical withdrawal remain eligible to receive care through the UNC Health Campus Care for up to 30 days after the effective date of withdrawal.

☐ ☐ I should contact the Office of Scholarships and Financial Aid to determine how my withdrawal may affect my financial aid or scholarship eligibility. For questions, email help@studentaid.unc.edu or call 919-962-8396.

☐ ☐ If I am a student-athlete, an international student, or a recipient of GI Bill/VA educational benefits, I understand that I should consult with the appropriate university office before reducing my course load or withdrawing from the University. Check all that apply: ☐ Student-athlete ☐ International Student ☐ GI Bill/VA benefit recipient

Requirements for Readmission and Re-Enrollment Check each box below to confirm you understand:

☐ I must schedule a Medical Clearance Evaluation with a UNC Health Campus Care clinician and submit the clinician's clearance approval letter 6 to 10 weeks before the intended re-enrollment term. Information about scheduling an appointment and the required clearance timelines is available on the Campus Care website. For questions email Medical_Interventions@unc.edu or call 919-966-2283

☐ I must submit the Return to Carolina (RTC) Survey through the Office of Undergraduate Admissions for the intended term of re-enrollment. RTC Online Survey: https://go.unc.edu/returntocarolina For questions email rtc@admissions.unc.edu or call 919-966-3621.

Student Agreement and Signature By requesting this medical withdrawal, I agree to take sufficient time away from classes to address the issues leading to my withdrawal and to follow my clinicians' recommendations. By signing below, I acknowledge that I have read and understand the medical withdrawal information outlined above, including the academic, housing, financial, insurance, and re-enrollment requirements associated with a medical withdrawal. I understand my responsibilities during the withdrawal period and the requirements for returning to UNC-Chapel Hill. I agree to comply with these procedures and to complete all required steps before seeking re-enrollment.

Student Signature: _____ Witness Signature: _____

Date: _____ Date: _____

Student Printed Name: _____ Witness Printed Name: _____

Please return this completed agreement and the UNC Health Campus Care approval letter to Medical_Interventions@unc.edu and keep a copy for your records. Requests will not be accepted if this form is not completed in its entirety.

Updated August 2026