



## 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 Warrior One-Stop staff at (313) 577-2100 or [OneStop@wayne.edu](mailto:OneStop@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

Warrior One-Stop  
Welcome Center lobby  
42 W. Warren  
Detroit, MI 48202  
[wayne.edu/onestop](http://wayne.edu/onestop)





## 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



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### 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) <b>YES</b> <b>NO</b> a. If yes, date on which you advised patient to stop attending classes: ____/____/____ b. If you had seen the patient earlier, would you have advised an earlier stop date? (circle one) <b>YES</b> <b>NO</b> 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) <b>YES</b> <b>NO</b> 5. If yes, describe (attach additional sheet, if necessary): _____	
<b>C. Progress:</b> 1. Circle progress made by patient: <b>Recovered</b> <b>Improved</b> <b>Unchanged</b> <b>Worsened</b> From ____/____/____ To ____/____/____ 2. Did current condition result in a period of confinement? (circle one) <b>YES</b> <b>NO</b> If yes, where and when? House: From ____/____/____ To ____/____/____ Hospital: From ____/____/____ To ____/____/____ 3. Was surgery performed? (choose one) <b>YES</b> <b>NO</b> If yes, date: ____/____/____ Type: <b>Inpatient</b> <b>Outpatient</b>	
<b>D. Physical Therapy:</b> Did the current condition result in a period of physical therapy? (circle one) <b>YES</b> <b>NO</b> If yes, Date of first visit: ____/____/____ Date of most recent visit: ____/____/____ Frequency (circle one) <b>Weekly</b> <b>Monthly</b> <b>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: _____	