



Application for University Appeal

This form and all-other documentation can be returned to:

University of Southern Indiana
University Appeals Committee
8600 University Blvd
Education Center Room 1136
Evansville, IN 47712

Ph: 812-464-1875
Fax: 812-461-5367
Email: usi.appeals@usi.edu

Please fill out this form as completely as possible. You may type directly into the fields; however, the Committee will need your personal signature or for the form to be emailed from your @eagles.usi.edu email account to be complete.

Application Information:

Select the type of University Appeal you wish to pursue: Administrative Appeal Medical Withdrawal

Is this an updated appeal or second appeal? Yes No

Applicant Information:

Name: _____	Student ID: _____
Email: _____	Phone: _____
Mailing Address: _____	City, State, Zip _____
Semester(s) and Year(s) you are requesting an appeal _____	

I acknowledge that I am requesting a University Appeal for the semester(s) indicated

_____ Student Signature	_____ Date
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If your appeal is approved and you are eligible for a refund, do you authorize the Student Financial Assistance Office to refund your loan program if applicable? Yes No Not Applicable

Specify the course(s) that you are appealing if applicable. Fill out each section as completely as possible. Please be aware that form **Administrative Appeals**, the Committee may contact you for the course syllabus.

Course Name Example: English/ ENG	CRN: Example: 50123	Faculty: Professor Plum

Applicants must sign and date all appropriate signature lines for the application to be considered complete.

Administrative Appeals: Page 1, 2, and 3

Medical Withdrawals Applicants: Page 1, 2, and 4.

Provider must sign page 5 and include Provider Statement.



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Appeal Information:

- Submit this form and all supporting documentation to the University Appeals Committee by fax, email, or mail.
- All appeals must be received within one year from the end of the term that is in question.
- We strongly recommend that all financial assistance recipients consult with the **USI Student Financial Assistance Office** before submitting a request for University Appeal.
- Withdrawing from classes for any reason may impact your health insurance and may negatively impact your eligibility for federal and state financial assistance, athletic eligibility, and external scholarships.
- We strongly recommend that you contact your health insurance provider before submitting a request for a medical withdrawal.
- A request for a medical withdraw will only be granted for the entire schedule of courses taken during the current term except in extraordinary circumstances, i.e., a broken limb in a physical education course. Partial medical withdrawal requests must be validated by a medical provider and the student must include a statement explaining the request for the partial withdrawal.
- Once an Application for a University Appeal is received, the University Appeals Committee will contact the student's faculty members affected by the appeal to secure documentation of the student's last date of attendance or for further information regarding the Medical Withdrawal or Administrative Appeal.
- Each faculty member is given sufficient time to respond. If the faculty is unable to provide documentation of the last date of attendance, the date the Medical Withdrawal is received will be used instead. Efforts will be made to communicate with the faculty member, Program Chair, Dean, and the Office of the Registrar to obtain accurate information. For Administrative Appeals, all efforts will be made to secure supporting documents from the applicant, faculty member, or relevant USI office.
- The withdrawal request, all faculty members' input, and applicant submitted documentation, will be forwarded to the University Appeals Committee for final consideration.
- Tuition refund policy for medical withdrawals can be found online at <https://www.usi.edu/registrar/academic-records/administrative-appeals>
- **Future Term Enrollment:** Students who have been medically withdrawn from the university are required to have their healthcare provider complete a Release to Return to the University form prior to enrolling in future terms. The form can be found online through the Office of the Registrar's website.
- Students choosing not to return after a medical withdrawal are responsible for withdrawing themselves from future registration.

I acknowledge that I have read and understand the above information.

Student Signature

Date



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FOR ADMINISTRATIVE APPEAL APPLICANTS ONLY

Select the USI Administrative Policy that was misapplied: Note: this form is not for adding or dropping a class that has not started.

- Schedule Revision Deadline/Drop Class Deadline
- Add/Drop Form Issues
- Other:

What remedy from USI are you seeking?

Explain the circumstances of your appeal. If you have supporting documentation, submit it to usi.appeals@usi.edu

I acknowledge that I am requesting an Administrative Appeal, and that the above information is accurate and complete.

Student Signature

Date



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FOR MEDICAL WITHDRAWAL APPLICANTS ONLY

CONSENT TO RELEASE MEDICAL RECORDS

The University of Southern Indiana requires this information before processing an application for medical withdrawal.

I, _____ hereby authorize the University of Southern Indiana to use and disclose my individually identifiable health information, medical records and other information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. 1320d and 45 C.F.R. 160-164 for the purposes of reviewing my request for withdrawal from the semester/term for medical reasons.

I authorize the disclosure of any information governed by HIPAA to be provided to the University Registrar, Administrative Appeals Committee, Dean of Students Office, and any other University administrative personnel involved in the process of reviewing my request for withdrawal.

This authority given to the University of Southern Indiana shall supersede any prior agreement that I may have made with my medical provider(s) to restrict access to or disclosure of my individually identifiable health information. The authority given herein has no expiration date and shall expire only in the event that I revoke this Release in writing and deliver it to the University Registrar.

I acknowledge that if I have been withdrawn from the University due to a serious physical or psychological condition, I will need clearance from my licensed healthcare provider to resume studies before I can be reinstated.

Student Signature

Date

Please briefly explain your medical condition and how it impacted your ability to complete your classes.



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FOR MEDICAL WITHDRAWAL APPLICANTS ONLY

FOR HEALTH CARE PROVIDER COMPLETION ONLY

The following section is to be filled out exclusively by a licensed healthcare provider. Please attach a brief description of the patient's condition and how it affects their ability to fulfill their course requirements for the specified semester. This explanation must be on the provider's official letterhead and include their original signature. The application will be deemed incomplete without this statement.

Period during which the patient was under care for the condition that caused the application for medical withdrawal.

Click or tap here to enter text.

Email:

Click or tap here to enter text.

Mailing Address:

Semester(s) and term(s) for which you are recommending a medical withdrawal.

Click or tap here to enter text.

Phone:

Click or tap here to enter text.

City, State, Zip

I certify that all information provided is true, correct, and without personal bias

Click or tap here to enter text.

Provider's printed name

Click or tap here to enter text.

Date

Provider's Signature

The Administrative Appeals committee will not grant a request to withdraw from a single class absent extraordinary circumstances. All withdrawals must be for the entire schedule of courses taken during the current term except in extraordinary circumstances, as indicated by the provider. Because of their physical or psychological condition, my patient is/was unable to continue classes and wishes to withdraw from the following (check only one):

Term	Check Box	Specifics
<i>Current Classes</i>	<input type="checkbox"/>	Click or tap here to enter text.
<i>Past Classes</i>	<input type="checkbox"/>	Click or tap here to enter text.
<i>Specific Classes</i>	<input type="checkbox"/>	Click or tap here to enter text.