



Dear Health Care Provider,

Your patient is currently enrolled as a student at East Carolina University and they are applying for an extenuating circumstances withdrawal due to a serious and unforeseen medical emergency that has impacted their ability to complete their current academic term. To be considered for a withdrawal, a student must provide supporting documentation from either their medical or mental health provider that fully addresses their medical situation. Below you will find specific guidelines that the Extenuating Circumstances Withdrawal Committee utilizes during their review process. Each bullet should be answered to the best of your ability.

- List all diagnoses impacting the student that are directly related to the withdrawal request
- Provide the appointment date of when you first saw your patient for the specified diagnosis as well as all follow up and upcoming appointments
- Please discuss any pertinent medical information in regards to a withdrawal (i.e. the patient may be withdrawing re: a specific issue, but may have other medical issues that could exacerbate or be exacerbated by the specific issue causing the need to withdrawal)
- Please list and describe all hospitalizations if applicable
- Please describe any limitations and their current ability/inability to function in an academic setting
- Statement about the recommended plan of care/treatment to address the health concerns that warranted a withdrawal.

This documentation can be mailed to the address listed below or faxed to (252) 328-9174.  
(Attention: Stacy Zimmerman)

Dean of Students Office  
125 Umstead Hall  
East Carolina University  
Greenville, NC 27858-4353

Please do not hesitate to contact me at (252) 737-4781 with any questions or concerns you may have about this request.

With regards,

A handwritten signature in cursive script that reads "Stacy Zimmerman, MSW".

Stacy Zimmerman, MSW