



# RETROACTIVE FAMILY MEDICAL WITHDRAWAL

## PERSONAL STATEMENT GUIDELINES

Submit a typed personal statement addressing the criteria listed below:

1. Describe the medical/psychological condition, or circumstances surrounding the passing of an immediate family member, that has led to your request for a retroactive family medical withdrawal from the semester in question.
2. Explain how the medical/psychological condition or death of an immediate family member has impacted the semester.
3. Describe the circumstances that prevented you from withdrawing from your courses during the semester.
4. Describe contacts you had with your instructors, advisors, and other university staff regarding your situation.
5. Report any dates that are pertinent to this request:
  - a. Date of onset/diagnosis of the medical condition or date of death.
  - b. Dates of treatment, doctor's appointments, hospitalizations, surgeries, etc.
  - c. If you stopped attending classes, date of last class attendance.
6. Discuss any other information you feel is pertinent to your retroactive family medical withdrawal request.

By submitting a personal statement, you acknowledge that all information provided is accurate and understand that falsification may result in disciplinary action.

This statement should be submitted via email to [medwithdraw@auburn.edu](mailto:medwithdraw@auburn.edu). All statements will be retained by the Auburn Cares office and kept confidential by the Retroactive Medical Withdrawal Committee.

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### Auburn Cares

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