

understand that it is my responsibility to confirm that the additional required documentation in of this request is delivered to the SHC according to the time requirements stated above.

- x I certify that I did not take a final exam or complete a course(s) where no final exam was required for the semester in question and further understand having done so makes me ineligible for medical withdrawal.
- x I acknowledge that, if I have questions regarding the financial implications of withdrawal, I will contact Student Account Services at **205-348-5350** prior to my submission of this paperwork.
- x I understand that if my medical withdrawal request is approved and processed, I may owe a balance to the University. Furthermore, I understand that if I fail to pay any unpaid balance on my student account, I will be personally responsible for, and agree to pay, all costs and fees of collection, including late payment fees, transcript hold fees, interest, collection fees of third party collection agencies or attorneys (up to 40% of the principal, interest and late charges accrued prior to referral to such agency or attorney), court costs, and/or any other charges necessary for the collection of this debt.
- x I understand that if I am registered for a future/upcoming term and I fail to provide appropriate medical documentation, I agree to return to UA, my future class schedule will be voided approximately a week prior to the beginning of the semester.

x ~~_____~~ ~~_____~~ ~~_____~~

Signature: _____ Date: _____