Student Medical Withdrawal Checklist

Students may experience life circumstances or medical conditions that compromise their health, safety, or academic success. In such circumstances, students may need to leave the university and resume the pursuit of their academic and co-curricular goals at a later time.

When such circumstances arise after official deadlines to withdraw from classes and/or receive a financial adjustment, students may request a withdrawal for medical reasons or extraordinary life circumstances by writing to the Associate Dean or designee of their college, or the Graduate School (for graduate students).

For more Information

Student Responsibilities

☐ Request a meeting with your College's Academic & Student Services Office (College Associate Dean's Office) to discuss your specific circumstances.

-Maine Business School: mbs@maine.edu
-Engineering: mcec@maine.edu
-Liberal Arts & Sciences: clas@maine.edu
-College of Earth, Life, & Health Sci: elhacademics@maine.edu
-Division of Lifelong Learning: dlladvising@maine.edu
-Engineering Technology: um.set@maine.edu
-Education & Human Dev: coehd@maine.edu
-Graduate School: graduate@maine.edu
-UMaine at Machias: umm.adaa@maine.edu

☐ Complete and submit the following forms to your Associate Dean's Office

a. Certification of Need for Withdrawal for Medical Reasons Part I including your statement and your handwritten or digitally verifiable signature (ex. DocuSign) Page 2
b. Certification of Need for Withdrawal for Medical Reasons Part II (this form is filled out by the Medical Provider and is sent directly to the student's College). Page 4

In submission of this Medical Withdrawal Request, I hereby authorize the University of Maine Medical Withdrawal Committee to review this request and supporting medical documentation herein.

Student Signature

Medical Withdrawal Certification of Need
PART I
Student Form

A student who is experiencing significant health issues that are interfering with their academic or university life may request a medical withdrawal from all or part of the academic program. The healthcare provider who has been treating the student will confirm in writing that the student's health, safety, or academic success has been compromised by a significant health issue necessitating a medical withdrawal by submitting a completed Certification of Need for Withdrawal for Medical Reasons form to the student's associate dean or designee. If healthcare provider documentation is not available, a statement from a University employee (i.e. the student's advisor, faculty member, Associate Dean's Office or Graduate School, etc.) can be provided for consideration in support of the withdrawal request.

The request for medical withdrawal requires:

I. The submission of this form by the student to their associate dean or designee

II. Certification of Need from the medical provider (see Certification of Need for Withdrawal for Medical Reasons PART II)

Student's Name: _____

Student ID #: _____ Date of Birth ___/___/____

Mailing Address: _____

_____

Phone: _____ E-mail: _____

Explain your reasoning for the medical withdrawal you are requesting:

I authorize the University of Maine to release to my healthcare provider any information and documents relevant to my request for withdrawal, including but not limited to information about my academic responsibilities/performance, the university community environment, policies, and student behavioral expectations.

Student's Signature: _____ Date: _____

Medical Withdrawal Certification of Need
PART II Medical Provider

Student must check College before giving to their Medical Provider:

◯ Business School mbs@maine.edu Fax: 207.581.1930	◯ Education & Human Development coehd@maine.edu Fax: 207.581.2423	◯ Engineering and Computing mcec@maine.edu Fax: 207.581.2220
◯ Liberal Arts & Sciences clas@maine.edu Fax: 207.581.1953	◯ Earth, Life, and Health Sciences elhacademics@maine.edu Fax: 207.581.9543	◯ Engineering Technology um.set@maine.edu Fax: 207.581.2113
◯ Graduate School graduate@maine.edu	◯ Division of Lifelong Learning dlladvising@maine.edu Fax: 207.581.3141	◯ UMaine at Machias umm.adaa@maine.edu

Please provide the following information on medical practice letterhead.

1. Student's name and date of birth.
2. Description of the condition and functional limitations relevant to the request for medical withdrawal. Did/Does this medical condition prevent the student from participating in their college coursework?
3. Could this medical condition prevent the student from participating in their future college coursework?
4. Dates the student has been under care for this condition.
5. Date on which the student became medically unable to attend and/or participate in classes.
6. Credentials and signature of medical or psychological services provider.

Please submit the completed form to the student's associate dean or designee at the address checked above. Thank you.

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The University of Maine's non-discrimination notice can be found at https://www.maine.edu/human-resources/university-equal-opportunity-officers/nondiscrimination-accommodation-request-notice/