

**Certification of Need for Withdrawal for Medical Reasons**  
**PART I**  
**Student Form**

A student who is experiencing significant health issues that are interfering with his or her 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.

**The request for medical withdrawal requires:**

- I. The submission of this form by the student to his or her 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: \_\_\_\_\_

**Please describe in detail the extent of the withdrawal for medical reasons you are requesting (e.g. one class, two classes, all classes):**

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: \_\_\_\_\_