

**Certification of Need for Withdrawal for Medical Reasons**  
**PART II**  
**Medical Provider**

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 Certification of Need for Medical Withdrawal form to the student's associate dean or designee.

**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.
3. Dates the student has been under care for this condition.
4. Date on which the student became medically unable to attend and/or participate in classes.
5. Credentials and signature of medical or psychological services provider.

**Please submit the completed form to the student's associate dean or designee. Thank you.**

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