Medical Withdrawal Certification of Need
PART II Medical Provider

Student must check College before giving to their Medical Provider:

- Maine Business School
  mbs@maine.edu
  Fax: 207.581.1930

- Education & Human Development
  coehd@maine.edu

- Engineering
  umaine-engineering@maine.edu
  Fax: 207.581.2220

- Liberal Arts & Sciences
  clas@maine.edu
  Fax: 207.581.1953

- Natural Sciences, Forestry & Agriculture
  nsfaacademics@maine.edu

- Graduate School
  graduate@maine.edu

- Engineering Technology
  um.set@maine.edu
  Fax: 207.581.2113

- Division of Lifelong Learning
  dlladvising@maine.edu
  Fax: 207.581.3141

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 at the address checked above. Thank you.

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