Student Request for Financial Adjustment for Medical Reasons
Process and Instructions

Process:
Prior to step 1, the student is strongly encouraged to meet with the appropriate University administrator as defined in step 1. Endorsement by the University administrator is a required first step in the process, prior to review by the Bursar.

1. Student completes a written statement and part A of the Student Request for Withdrawal for Medical Reasons form, attaches the required documentation from the medical provider, and submits the completed form and all supporting documentation to the appropriate University Administrator (University Administrator is defined as starting at the Assistant/Associate Dean and Director level of administration). A University Administrator may appoint a designee via memorandum to the Bursar. Students should check with their college to determine the preferred method for delivery of documentation, as some associate deans may wish to receive this information directly from the medical provider. Please note that an exception to this process can be requested when a traumatic event has occurred and the student’s privacy must be protected. The student should contact the Division of Student Affairs (207) 581-1406 in the Memorial Union if such an exception is requested.

2. Administrator will determine if the student is a financial aid recipient. If the student is a financial aid recipient, the Administrator will contact the Financial Aid Office by telephone and discuss the appeal:

   a. If the Financial Aid Office staff member can complete the review by telephone contact, the Administrator will complete parts B and C of the form and proceed with step 3 of the process.

   b. If the Financial Aid Office staff member cannot complete the review by telephone contact, the Administrator will complete part B of the form and forward the form to the Financial Aid Office staff member. The Financial Aid Office will perform the financial aid review; complete part C of the form; and return the form to the Administrator. The Administrator will determine if the appeal and recommendation will be forwarded to the Bursar based on the financial aid review.

3. The Administrator forwards the Student Request for Withdrawal for Medical Reasons, and the student’s written statement to the Bursar. The Administrator retains an originating office file copy and the documentation received from the medical provider. Any related academic forms (i.e. add/drop form) will be separately forwarded to the appropriate department (i.e. Registrar). Please note that approved appeals on academic matters do not automatically qualify for a tuition refund.

4. The Bursar approves/disapproves the Student Request for Withdrawal for Medical Reasons recommendation from the university administrator. Disposition copies of the form are sent to the student and originating office.
Confidential

Student Request for Financial Adjustment for Medical Reasons

The student must complete this form, submit a written statement, and provide supporting documentation from a medical provider. The documentation must be on official practice letterhead and include the following:

- Diagnosis / Date of Diagnosis
- Date of Onset of Condition
- Pertinent History
- Functional Limitations
- Treatment Recommendations and Prognosis
- Credentials (ex: MD, DO, LCSW, PA, NP, Psychologist)

Part A – To be completed by Student

I hereby request the Bursar or designee to grant an exception to the established refund policy based on the circumstances outlined in the attached documentation and my written statement. I hereby authorize and release The University of Maine to speak with and/or verify with the medical provider all documentation received in support of this Withdrawal for Medical Reasons.

____________________________         ____________________          _________________________________
Student’s Name                                          MaineStreet ID #                                 Student’s Signature & Date

Address: ___________________________________________________      Phone #: _________________________

Part B - To be completed by University Administrator

TERM:  ☐ FALL  ☐ SPRING  ☐ SUMMER                    YEAR: ___________
Class Number(s):__________________________________________
Course Designator(s): ___________      ___________      ___________      ___________      Credit Hours: _________
__________________________________________
Effective Date: _________

Recommendation: _________________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

____________________________         ____________________          _________________________________
Printed Name & Title                          Signature of Administrator/Designee            Date

Part C - Financial Aid Review (if applicable)

☐ Appeal Has No Effect on Financial Aid  ☐ Financial Aid Will Be Affected As Follows:

__________________________________________
Financial Aid Office Contact Signature          Date

Part D - To be completed by University Administrator

Appeal is:  ☐ Approved  ☐ Not Approved (See Remarks)

Remarks: ________________________________________________________

____________________________         ____________________          _________________________________
Bursar or Designee                  Date

Distribution: Original - Bursar, Copy - Student, Copy - Originating Office (Disposition Copy), Copy - Originating Office (File Copy)