



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 Associate Dean of 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: umaine-engineering@maine.edu

-Liberal Arts & Sciences: clas@maine.edu

-Natural Sci, Forestry & Ag: nsfaacademics@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

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

- Certification of Need for Withdrawal for Medical Reasons Part I including your statement and your handwritten or digitally verifiable signature (ex. DocuSign) [Page 2](#)
- 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](#)

What is your requested action?

Term Withdrawal

- If the request is for a semester withdrawal, fill out the Medical Withdrawal form.
- If requesting a Financial Adjustment, contact your College's Academic & Student Services Office (College Associate Dean's Office).

Course Drop

- If the request is for a course drop, fill out and complete the Medical Withdrawal form and the Add/Drop/Swap Form.
- If requesting a Financial Adjustment, contact your College's Academic & Student Services Office (College Associate Dean's Office).

College Designee Responsibilities

- College Designee reaches out to instructors for last dates of academic engagement in each course.
- Contact Financial Aid for Impact statement
- If requesting a Financial Adjustment, the attached Financial Adjustment form **MUST** be included with these requests.
- Provide recommendation to the Medical Withdrawal Committee.

University of Maine Medical Withdrawal Committee Responsibilities:

To Review and approve medical withdrawals for processing.

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, 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:

Maine Business School
mbs@maine.edu
Fax: 207.581.1930

Education & Human
Development
coehd@maine.edu
Fax: 207.581.2423

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
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

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.

The University of Maine is an EEO/AA institution, and does not discriminate on the grounds of race, color, religion, sex, sexual orientation, transgender status, gender expression, national origin, citizenship status, age, disability, genetic information or veteran's status in employment, education, and all other programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies: Director of Equal Opportunity, 101 Boudreau Hall, University of Maine, Orono, ME 04469-5754, 207.581.1226, TTY 711 (Maine Relay System).

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/>



Medical Withdrawal

To be filled out by the College representative.

Student ID #

Student Name

Career

UGRD

GRAD

Program (College)

Plan (Major)

Withdrawing from Semester? Yes

No

**If No Fill out Course Add Drop Form*

Withdrawal Term

ex. Fall 2022

Last Date of Attendance

*** Last day of Academic engagement. Must be filled out by Associate Dean*

Financial Adjustment Requested?

Yes

No

**If yes Complete Financial Adjustment Form*

Cancel Future Term Enrollment?

Yes

No

Comments:

****All forms must be included for this to be processed.***

Request for Financial Adjustment

Refund Policy Appealed (check one)

Add/Drop Refund Policy

Withdrawal Refund Policy

Medical Withdrawal

Part A – To be completed by Student

Name

Student ID #

Student Signature

Part B - To be completed by University Administrator

Semester: FALL SPRING SUMMER YEAR: All Courses

Class Numbers: Credit Hours:

Course Designator(s): Effective Date:

Recommendation:

Printed Name & Title

Signature of Administrator/Designee

Date

Part C - Financial Aid Review

Appeal Has No Effect on Financial Aid

Financial Aid Will Be Affected see attached:

Financial Aid Office Contact Signature

Date

Part D - To be completed by University Administrator

Appeal is: Approved Not Approved (see Remarks)

Bursar or Designee

Date

Remarks:



Course Add/Drop Request

Please see information on back

Do not use this form if the student is withdrawing from the University

Student is responsible for any financial aid implications arising from these adjustments

Student Name: _____ Student ID#: _____ Term: _____
Last Name First Name Student's Date of Birth

Program (College): _____ Plan (Major): _____

Student's Signature: _____ Today's Date: _____ International Student? _____

Please note that the effective date is for academic reasons only and does not impact student billing.

<input type="checkbox"/> Course Add (A) or Drop (D) – circle correct code(s) below			Instructor or Unit Administrator Signature <small>(as required by Dean/Director)</small>
A	D		
A	D	Class Number: _____ Credits: _____	
		Course (ex. ENG 101): _____ Course Section: _____ Effective Date: _____	_____
A	D	Class Number: _____ Credits: _____	
		Course (ex. ENG 101): _____ Course Section: _____ Effective Date: _____	_____
A	D	Class Number: _____ Credits: _____	
		Course (ex. ENG 101): _____ Course Section: _____ Effective Date: _____	_____
A	D	Class Number: _____ Credits: _____	
		Course (ex. ENG 101): _____ Course Section: _____ Effective Date: _____	_____
<input type="checkbox"/> Course Section Change Course (ex. ENG 101): _____ Change from Section: _____ to Section: _____			_____
<input type="checkbox"/> Credit or Grade Option Change Class Number: _____ Course (ex. ENG 101): _____ Course Section: _____ Change Credits from _____ to _____ Grading Option from _____ to _____			_____

Advisor Signature OSR Date

Dean's Office Signature Date

A Financial Adjustment is Being Requested ⁷

FOR ADMINISTRATIVE OFFICE USE ONLY

Course Drops may jeopardize financial aid (1-1324), veteran's benefits (1-1316) or athletic eligibility status (1-1047); please consult with these offices.

Please note that if no effective drop or add date is indicated, we will use the date the Dean's Office signed this form.

Backdating will not give any financial adjustments – the appropriate forms must be completed for any financial adjustment.

Refund Requests: With the exception of course swaps and section changes, before a refund is requested, the action must be checked with the Office of Financial Aid to determine the impact on the student. If a refund is in the student's best interest, the request is done via Bursar's Office Refund Form. Forward both the refund request form and this form to the Bursar's Office.

Academic Record Implication Notes: Refer to the Academic Year Calendar for how course drops and term withdrawals are noted on a student's transcript. This information is also available in MaineStreet.

Procedure Notes:

1st & 2nd Thirds of the Semester:

Dean's Offices have permission to do course adds, course drops and grading option changes as long as no refund is involved, and no back dating so that a grade of "W" or "F" does not appear on the student's record.

However, this form must be completed for the following:

- Any Course Drop/ Term Withdrawal where a financial adjustment or student refund appeal forms are being submitted
- Any Course Drop/Term Withdrawal that needs backdating for academic record reasons
- All Section Changes, Course Swaps & Credit Hours Changes

Note: Any course swaps after the 1st third will need justification

During the 3rd third

All course changes must be done via completion of this form.