



UNIVERSITY OF
SOUTHERN MAINE

Student Application for Withdrawal Date Change

University policy indicates that the date the University is notified of a student's decision to drop a course or withdraw from all courses is used to determine the nature of the academic record notation and whether or not charges should be adjusted.

In the event the student believes extenuating circumstances (e.g. serious illness, employment transfer or involuntary call to active military duty, etc.) caused the withdrawal, he/she may request special consideration. In most cases third party documentation is required.

The deadline for requesting a withdrawal date change is 90 days after the close of the semester/session for which the student is making the request.

(please print)

Student Name: _____ Student ID # _____

Mailing Address _____

Phone (home) _____ (cell) _____

E-mail _____

1. Reason for Requesting an Exception – Please attach a letter detailing your reasons for requesting an exception to University withdrawal policy. Students requesting a medical withdrawal must submit the documentation detailed in *Health Care Provider Supporting Documentation Requirements*. Requests for other extenuating circumstances should be accompanied by supporting documentation (e.g. a copy of military orders, employer confirmation of an involuntary transfer, etc.).

2. Withdrawal requested for (note semester or session) Fall _____ Spring _____ Other _____

3. Nature of request

a. _____ Dropping some but not all courses (specify course #'s and CRN's)

Course# _____ CRN: _____ Course# _____ CRN: _____

b. _____ Withdrawing from all University courses

4. Last date of attendance _____

Student Signature _____ Date _____

Mail or fax this document to:
Chair, Withdrawal Review Committee
University of Southern Maine
118 Payson Smith Hall
PO Box 9300
Portland, ME 04104-9300
fax (207)228-8591



UNIVERSITY OF
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Student Application for a Withdrawal Date Change Health Care Provider Supporting Documentation Requirements

A medical withdrawal request may be made in cases in which a serious illness or injury of the student or an immediate family member may result in the student's need to withdraw from courses at the University of Southern Maine.

A request for a medical withdrawal must be accompanied by supporting documentation from an attending health care provider. The documentation is to be submitted on official practice letterhead and must include the following:

1. The general nature of the medical condition and why/how it prevented the student from completing his or her course work.
2. The date the student became medically unable to attend and/or participate in classes.
3. Dates the patient has been under professional care for this illness or injury.
4. Signature of the Health Care Provider.
5. Type of health care practice.

COPIES OF MEDICAL RECORDS WILL NOT BE ACCEPTED

Supporting documentation should be mailed or faxed to:

Chair, Withdrawal Review Committee
Portland Business Office
118 Payson Smith
University of Southern Maine
P.O. Box 9300
Portland, ME 04104-9300
fax (207)228-8591

Supporting documentation will not be reviewed until the student requesting a withdrawal date change has submitted a signed *Student Application for Withdrawal Date Change*.