

University of Southern Maine

Student Application for Involuntary Withdrawal

In the event that a student encounters extenuating circumstances that result in the need to withdraw before the end of the term and after the deadline for a 100% reduction of charges, the student can request to be considered for an involuntary withdrawal. Extenuating circumstances may include: illness of the student or an immediate family member, military deployment, death of an immediate family member, and involuntary transfer by an employer. When approved, the involuntary withdrawal results in the retraction of charges for tuition and mandatory fees and may result in an adjustment to financial aid.

The deadline for requesting an involuntary withdrawal is up to 90 days after the close of the term for which the student is requesting an exception to withdrawal policy. The spring semester deadline is less than 90 days for students who have been awarded some types of financial aid. Check with the Student Accounts Office for specific spring deadlines.

Student Name: _____ ID # _____

Mailing Address _____

Phone _____ E-mail address _____

1. Please attach a brief letter detailing your reasons for requesting an exception to the withdrawal policy. Students withdrawing for medical reasons must submit the documentation detailed in *Health Care Provider Supporting Documentation Requirements*. Requests that are the result of other extenuating circumstances must be accompanied by appropriate documentation.
2. Generally an involuntary withdrawal is granted only when a student must withdraw from all classes. In the event that the student is requesting an exception to the withdrawal policy for some but not all classes, the supporting documentation must clarify why the circumstance resulted in the student's need to withdraw from some but not all classes.
3. Involuntary withdrawal requested for Fall _____ Spring _____ Summer _____
 - a. Withdrawing from all classes _____
 - b. Withdrawing from some but not all classes _____ Class # _____ Class # _____
4. Last date of class attendance _____

Student Signature _____ Date _____

Mail or fax this form with supporting documentation to:
University of Southern Maine – Student Accounts Office
Involuntary Withdrawal Review Committee
136 Luther Bonney
PO Box 9300
Portland, ME 04104
FAX (207)228-8591

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Health Care Provider Supporting Documentation Requirements

An involuntary withdrawal request may be made in cases in which a serious illness or injury of the student or an immediate family member results in the student's need to withdraw from classes at the University of Southern Maine.

A request for a medical withdrawal must be accompanied by documentation from an attending health care provider supporting the student's need to withdraw. The documentation is to be submitted on practice letterhead (not prescription pad) and must include the following:

1. The general nature of the medical condition, and why/how it prevented the student from completing course work and resulted in the need to withdraw before the end of the term.
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. Type of health care practice.
5. Signature of the Health Care Provider.

COPIES OF MEDICAL RECORDS WILL NOT BE ACCEPTED

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Supporting documentation will not be reviewed until the student has submitted a signed *Student Application for Involuntary Withdrawal*.