

Office of the University Registrar 1306 Stanford Drive, Room 1230 Coral Gables, FL 33146

> Phone: 305-284-2294 Fax: 305-284-6293

MEDICAL CERTIFICATION FORM

Student's ID#:
re Provider ir classes due to an exceptional medical e all applicable areas. Please limit your e student is seeking the withdrawal. In eneral nature of the student's medical or ition. signature on the last page.
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Email:
cable):
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Date: _____

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