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| **LAST NAME FIRST NAME M.I.** | | |
|  | |  |
| **ADDRESS** | | **RETURNING SEMESTER** |
|  |  |  |
| **PREFERRED EMAIL** | **PREFERRED PHONE** | **STUDENT I.D. NUMBER/SOC. SEC. NUMBER** |

Following a previously approved medical withdrawal from Lourdes University for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester, I am requesting to re-enroll at the University, beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester.

Please note that all completed materials should be submitted \***at least one month**\* in advance of the intended return date to the Senior Administrative Assistant to the Provost, located in St. Claire Hall 141.

Academic Advisor Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSES DESIRED:**

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| --- | --- | --- | --- | --- |
| **DEPARTMENT** | **COURSE NUMBER** | **SECTION** | **COURSE NAME** | **CREDITS** |
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Medical Re-Enrollment Checklist:

**Student must:**

Compose a personal, signed statement describing the steps taken since seeking the medical withdrawal (please

explain how the steps contributed to the student’s personal and academic readiness for re-enrollment)

Provide written documentation, from a licensed healthcare professional, that the student is physically and

academically prepared to return to the University. This must include:

Signed letter, on official letterhead, from a licensed healthcare provider (including - provider’s current

License/Certifications # and list the state of issuance);

Letter should include the licensed healthcare provider’s assessment that the student’s medical issue

does not persist at a level that will prevent or detrimentally interfere with the student’s ability to

return and continue studies at this time; AND

Letter \*must\* include a statement attesting that the healthcare provider is not a family member or

personal friend of the student.

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| --- | --- | --- |
|  | |  |
| Student Signature | | Date |
|  | |  |
| Academic Advisor Signature |  | Date |
|  | |  |
| Provost Signature |  | Date of Approval |

Upon receipt of a complete re-enrollment request, the Provost will review the provided documentation in consult with the relevant academic advisor and Dean. Typically, a decision will be made within fourteen (14) business days upon the receipt of all materials, and the decision will be communicated to the student, the relevant Dean, the Registrar, and the student’s academic advisor.

\*Please note that a request for re-enrollment does not guarantee approval