



Release to Return to the University **Following Medical Withdrawal**

University of Southern Indiana
The Registrar's Office
Orr Center, OC 1075
8600 University Blvd.
Evansville, IN 47712
Phone: 812-464-1762 | Fax: 812-464-1911

Returning to the University:

Students approved for a medical withdrawal will have a hold placed on their record to prevent registration for future terms until the student has been released from the licensed healthcare provider (Doctor, Psychologist, etc.) to return to the University. The healthcare provider treating the student while on leave must complete this form verifying that the student's condition has improved to the point where it is medically appropriate for the student to return to the University and enroll in a course of study. In certain cases, students returning from a medical withdrawal will also be asked to meet with Dean of Students Office to ensure that there is adequate support as they transition back to USI.

To be completed by the student:

Student name: _____

Student ID number: _____

Semester/Term returning to the University: _____

=====

To be completed by the licensed healthcare provider:

Full Name (please print): _____

Type of practice/Medical specialty: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Date of student's/patient's most recent visit: _____

Please acknowledge the following statement by signing below:

I verify that I have examined the student/patient named above on the date indicated above and have determined that his/her medical condition has improved to the point where it is medically/psychologically appropriate for the student to return to USI and enroll in a course of study. I certify that all information provided is true, correct, and without personal bias.

Licensed Healthcare Provider Signature

Date