Miami University Provider Return from Medical Withdrawal Form (Reinstatement)

This form must be submitted to the Office of the Dean of Students by published deadlines for the term in which the student wishes to reenroll. Late submission will result in a denial in processing your reenrollment. The form must be completed in full; any blank spaces may lead to a delay in processing your request. Please type, or print clearly in ink.

Section 1: To be completed by the student:

Student Name: _____ Date of Birth: _____ Banner ID#: _____

Permanent Street Address: _____

Permanent City, State and Zip Co with other Miami University officials, _____ _____ _____

m a Medical Withdrawal (MW).

Preferred email:

ting return from MW:

_____ _____ _____

_____

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condition, sign, and forward to the Office of the Dean of Students at the address below.

Provider's Name: Provider's Title / Degree:

_____ _____

Provider's Area of Medical / Mental Health Specialization _____

Office Address _____

Office City, State and Zip Code _____

Phone: _____ Fax: _____

Email: _____

Part A: Your assessment and treatment of the student:

1. ☐ Medical in nature ☐ Psychological in nature
   ☐ Drug / alcohol concerns ☐ Other: _____

2. Date(s) of treatment / assessment: _____ to _____

3. Total number of sessions / appointments Scheduled: Attended:
4. Current diagnoses (if any) relevant to the MW:
5. Medications prescribed (if any) relevant to the MW:
6. Prognosis (check one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor
7. Will you continue to provide services for this student? ☐ yes ☐ no
8. If not, to whom will the student's care be transferred?
9. Other recommendations for follow up that you have communicated to the student:

Part B: Your assessment of the student

1. Do you believe that this student is currently a danger to themself? ☐ yes ☐ no
   Please explain:
2. Do you believe that this student is currently a danger to others? ☐ yes ☐ no
   Please explain:

Part C: Your recommendation

1. Based on your current evaluation, do you believe that the student is now able to meet the expectations of a student and engage in the rigors of academic and campus life? ☐ yes ☐ no
   Comments:

Signature of the provider: Date:

Please complete in full and submit to: