



**Request for Enrollment following a
Medical or Compassionate Withdrawal Form**

Siena Heights University

Name: _____

SHU ID: _____ Campus: _____

Permanent Address: _____

Phone: _____

Email: _____

I am requesting return from a: Medical Withdrawal Compassionate Withdrawal

I had an authorized medical or compassionate withdrawal during:

Fall 20____ Winter 20__ Summer 20__

Please submit a typed document to describe the steps you have taken since your medical or compassionate withdrawal and how the steps have contributed to your academic readiness and re-exposure to university life.

Return for Medical Withdrawal: Documentation from a licensed healthcare provider, signed on official letterhead which includes an assessment that the student is able to continue studies and that the condition listed in the original medical or compassionate withdrawal does not persist to a level that would prevent or detrimentally interfere with the student's ability to continue at this time. The provider must attest that he or she is not a family member or personal friend of the student and must include the provider's current License/Certification# and list the state of issuance.

I hereby petition for reenrollment after having a medical or compassionate withdrawal from Siena Heights University. I authorize SHU personnel to review any medical records or other related documentation necessary to determine my eligibility for return from medical or compassionate withdrawal or financial aid status.

Signature: _____ Date _____

For Office Use Only

Date Submitted _____
Approved _____
Denied _____

Dean for Students Signature

Date

Dean of CAS, CPS, Graduate School Signature

Date

Appeal

Result:
Upheld Overruled

Vice President of Academic Affairs

Date