



349 Cone University Center
9201 University City Blvd
Charlotte, NC 28223
Phone: 704-687-0289 **Fax:** 704-687-1969
Website: withdrawal.charlotte.edu

Petition to Return Health Evaluation Form

For Students Petitioning to Return to the University Following a Full Withdrawal due to Extenuating Circumstances

Student ID: _____ DOB: _____

Student Name: _____
(Last) (First) (MI)

Classification (circle one): Undergraduate Student Graduate Student Cell Number: _____

Please indicate the Academic Semester and Academic Year for which you were withdrawn with extenuating circumstances.

Academic Semester (circle one): Fall Spring Summer Academic Year of Withdrawal: _____

Statement of Understanding

By signing where indicated below, I acknowledge that upon receipt of this medical documentation, the Withdrawal Committee will review and make a decision regarding my request. I understand that the committee meets monthly and all decisions will be communicated through email. I also understand that it is my responsibility to follow up with the appropriate student services office or department that requires additional information that cannot be answered by the Office of Student Assistance and Support Services (SASS), as I prepare to return to UNC Charlotte.

Student Signature: _____ Date: _____

The remainder of this form is to be completed by the treatment provider.

INSTRUCTIONS TO THE TREATMENT PROVIDER:

The University of North Carolina at Charlotte requires documentation from a treating health care provider who can attest that the student who experienced a condition that significantly impacted their ability to meet the essential elements of their intended academic program of instruction, is now cleared to return. The University of North Carolina at Charlotte will weigh your opinion when considering the student's request to return.

Provider/Clinician Name: _____ Today's Date: _____

Credentials of provider (Including License Number and Name of Practice): _____

Student's diagnosis (Include ICD Code for Diagnosis): _____

Date of diagnosis: _____

Date of most recent appointment: _____

Total # of appointments post withdrawal date: _____

Please provide information regarding student's treatment that they have been involved in since leaving the university (include comments on duration, intensity, and frequency).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student followed all treatment recommendations? Please describe:
In your opinion, is the student in a place to return to the University and continue their studies: <input type="checkbox"/> Yes, at a full-time schedule (at least 12 credits/4 or more classes) <input type="checkbox"/> Yes, at a part-time schedule (less than 12 credits/less than 4 classes) <input type="checkbox"/> No, student is not well enough to return at this time Please Explain:	
What treatment have you recommended that the student continue to receive in order to ensure their well-being and stability?	
If additional space is required to fully respond to the questions above, please provide the following information on a separate document and attach to this form: <ul style="list-style-type: none"> ✓ Diagnosis and relevant medical history ✓ Medications and any completed treatment information ✓ Treatment plan moving forward ✓ Any concerns with the student returning to school 	

ATTESTATION BY TREATMENT PROVIDER

By signing where indicated below, I am representing to the University of North Carolina at Charlotte that my response to each question listed above is true, complete, and accurate to the best of my knowledge and belief, that it constitutes my best professional judgment and opinion, and that the student/patient/client did not prepare or draft that response for my signature.

Signature: _____

Printed Name and Credentials: _____

Name of Company/Practice: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

**This form must be sent directly from the treatment provider. This form can be faxed confidentially to the Office of Student Assistance and Support Services by the treatment provider at 704-687-1969.
Completed forms will not be accepted from students.**