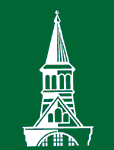
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*The*

**University** *of*

**Vermont**

*Dean of Students Office*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**CONFIDENTIAL: CONDITIONS FOR RE-ENTRY**

December 17, 2010

Student Name

Address 1

Address 2

Dear Student Name:

I hope this letter finds you well and that the time off from school has been positive and productive. As a follow up to your conversations with staff members in the College of XXXX and Residential Life, I am writing to confirm your decision to medically withdraw from the University. Due to recent health challenges that have prevented you from being successful both personally and academically, I am providing you this document that outlines our conditions for your re-entry to the University.

Once you are physically and mentally prepared to return to the University and re-enroll as a full-time student, we want to be sure you have a successful transition. Outlined below are steps that you are **required** to take prior to your enrollment:

**Requirements for Re-enrollment**:

1. You must notify the Dean of Students Office of your desire to return to the University, prior to the term you intend to enroll by emailing deanofstudents@uvm.edu.
2. You must provide written verification in the form of a letter from your mental health provider/physician(s) supporting your physical and psychological readiness to succeed if you re-enroll as a student. That letter must be submitted to the Medical Leave Committee by faxing documents to 802-656-4699 (Center for Health and Well Being), and/or emailing the Dean of Students at deanofstudents@uvm.edu. As stated in our Medical Withdrawal Policy, ***you must submit documentation by the following dates: July 1 for the fall semester, December 1 for the spring semester, and April 1 for the summer term.***
3. The University will need to verify the documentation mentioned above. To do that, you also need to provide the contact information of your psychiatrist/physician to the Medical Leave Committee, and give them permission to contact your medical provider.
4. The University’s professional medical staff will make contact with the medical professional you have given us permission to speak with. The University’s medical professionals will ultimately decide if you are ready and able to re-enroll, based on the information they receive. If it is determined that additional time and medical care would be in your best interest, I will communicate that to you, and encourage you to submit further documentation to demonstrate readiness for a later term of enrollment.
5. If it is determined that you are physically and psychologically ready to return, I will provide you with information on how to proceed to register for the upcoming term.
6. **Lastly, please note that the University’s medical professionals have the final decision on your re-enrollment status.**

Upon your re-enrollment, you are strongly urged to follow the **recommendations** outlined below in order to support your continued success:

**Recommendations upon your Re-enrollment:**

1. You agree to follow the recommendations and treatment plan created by your mental health provider/physicians and any additional recommendations from the University’s medical professionals.
2. You meet regularly with your academic advisor(s) in the Dean’s Office of the College of XXXX
3. You meet twice per semester with the Assistant Dean of Students in the Dean of Students Office, to discuss your experience as a student and any support you may need to be successful.
4. You agree to seek out assistance from appropriate University resources (Counseling & Psychiatry Services, Residential Life, Crisis Hotline, etc.) if you feel that, at any time, you are not safe or may need additional support.

By signing and dating this letter, you hereby agree to the above stipulations for your re-enrollment as a full-time student. Your signature also signifies that you understand that choosing not to fulfill one or all of the required stipulations upon your return may place your status as a student in jeopardy.

STUDENT SIGNATURE DATE

Student Name, please return a copy of this to my office at your convenience and contact me in the Dean of Students Office if you have any questions. If you would like more information about our Medical Withdrawal Policy, you can access it at the following link: <http://www.uvm.edu/policies/student/medicalwithdrawal.pdf>

I do wish you the best and hope you are able to return to the University at some point in the future.

Sincerely,

Nick Negrete

Assistant Dean of Students

Cc: Counseling and Psychiatry Services

College of XXXX

Residential Life