MEDICAL READMISSION FORM
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA 16057

Procedure for Medical Readmission to Slippery Rock University
Students withdrawing for medical reasons will be required to complete the medical readmission process prior to return. Readmission forms should be completed and submitted one month prior to the start of a semester in order to allow for processing and class scheduling.

STUDENT INSTRUCTIONS:
1. Please complete the SRU Medical Readmission Form (next page).
2. Medical documentation will be required for medical readmission. Medical documentation must be on official health care provider letterhead or prescription pad, and signed by a licensed health care provider. The content must include the following information: name of student seeking medical readmission, notation that the student is able to return to the University and carry a full credit course load. This release should also indicate if follow up treatment is necessary, and who will provide the care and service to you.
3. Please compose a personal readmission letter detailing your request for readmission addressing your desire to return to Slippery Rock University. Your letter should include details about your readiness to return to campus as well as your plan for staying on-track for future semesters at SRU.
4. Once you have all documents, please call the Office of the Associate Provost for Student Success at 724-738-2136 to set up an appointment to meet with someone in Student Support. Please bring all materials with you to this meeting.

Important Information
Your major will remain the same as it was prior to leaving campus. Should you wish to change this major you can find the appropriate paperwork online at: http://www.sru.edu/academics/academic-services/academic-records/forms

Should you wish to obtain financial aid at SRU, you should contact the Financial Aid Office (724-738-2044), as soon as possible in order to determine your financial aid eligibility.

If you have an outstanding account balance on your bill you may be unable to register for classes. Please contact Student Accounts to check your balance or make a payment: 724-738-2088

If you desire to live on-campus, please contact the Office of Residence Life, (724-738-2082) to receive on-campus housing information.

Student Health Services is located in Rhoads Hall; they are open 24 hours a day, 7 days a week, during the academic year. When returning from medical leave it is important to be sure health services has an updated and accurate health history. It is highly recommended that you make a brief appointment to talk with a nurse once you return to campus. To make the appointment please call, 724-738-2052. For a complete description of services, please visit the SHS website http://www.sru.edu/studentlife/healthservices/Pages/Home.aspx

The Office of Disability Services (724-738-4877) provides students with reasonable accommodations and services to ensure equal access to education as intended by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and the ADA Amendments Act of 2008. To request an accommodation you can complete an online form by visiting: https://sru-accommodate.symplicity.com/public_accommodation/
APPLICATION FOR MEDICAL READMISSION
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA  16057

Please complete all information below before your appointment.

Last Name               First               M.I.               Banner ID#

Street Address          City          State          Zip Code

Home Phone Number:      Cell Phone Number:

Current email address (we will use this to contact you regarding readmission):

Semester Requested:

[ ] Fall  _____      [ ] Spring  _____      [ ] Summer  _____

Year  Year  Year

Academic major when you last attended Slippery Rock University: ________________________________

Have you earned credits at another institution since leaving SRU?  [ ] Yes  [ ] No

If Yes, Name of Institution: ________________________________  How many credits earned: _________

(You must submit official transcripts from every institution attended since leaving SRU.)

I attest that this and all documentation presented in regards to this readmission is accurate. Failure to provide accurate information may lead to dismissal from Slippery Rock University.

_______________________________________
Signature               Date
APPLICATION FOR MEDICAL READMISSION
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA 16057

Office use Only (student does not need to complete this section):

Holds: Yes Type___________ No

Suspension: Yes No

Class level: ______________________________________________________

Over All GPA: __________________________________________________

Advisor: _________________________________________________________

Decision: _____ Readmit _____ Deny Semester: ________________________

Notes:

Initials _______ Date ____________

Entered in Symplicity __________________________
Entered in Banner ____________________________