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

Procedure for Medical Readmission to Slippery Rock University

Submit the following to the Office of the Associate Provost for Student Success:

1. Completed Application for Medical Readmission
2. A release from a licensed Health Care Provider indicating you are able to return to the University and carry a full credit course load. This release will also indicate if follow up treatment is necessary, and who will provide the care and service to you.
3. 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.

All materials can be submitted by fax to 724-738-4920, or mailed to:
Ms. Karla Fonner
Director, Student Support
Office of the Associate Provost for Student Success
Slippery Rock University
010 Patterson Hall
Slippery Rock, PA  16057

Student will need to contact Karla Fonner at karla.fonner@srue.edu or 724-738-2121 to set up a time to go over paperwork for readmission.

Readmission to Slippery Rock University may require committee review. To allow for processing time documents should be submitted 2-3 three months prior to the beginning of the semester desired.

Additional forms or payments may be required by Financial Aid, Student Accounts and/or Residence Life. Students are encouraged to contact those offices for more information:
Financial Aid 724-738-2044
Student Accounts 724-738-2088
Residence Life 724-738-2082
APPLICATION FOR MEDICAL READMISSION
SLIPPERY ROCK UNIVERSITY
Slippery Rock, PA  16057

Instructions: Student must apply for medical readmission to the Office of the Associate Provost for Student Success. Once readmitted, students wishing to change their major may complete and submit a Change of Major form to the appropriate department chairperson. There is no guarantee that readmitted students will be permitted to change their major.

Please complete, sign and forward as directed below.

Last Name: ______________________________   First: _________________________ M.I.: __________

Banner ID#: ______________________________   Cell Phone Number: ______________________________

Current Address: ______________________________________ City: _____________________________

State: ___________  Zip Code: __________________

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

Semester Requested:
☐ Fall select year _______   ☐ Spring select year _______   ☐ Summer select year _______

Academic major when you last attended Slippery Rock University: ________________________________

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

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

All materials can be submitted by fax to 724-738-4920, or mailed to:
Ms. Karla Fonner
Director, Student Support
Office of the Associate Provost for Student Success
Slippery Rock University
010 Patterson Hall
Slippery Rock, PA  16057

Confidential
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 _________________________