

Confidential

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 a Care report indicating you need to speak with someone regarding readmission. Once we have your request, a case manager will reach out to you to schedule an appointment to talk about your readmission. Care reports can be found here: https://sru-advocate.symlicity.com/care_report/
2. In order to be readmitted, you will need to complete the SRU Medical Readmission Form (next page) and provide:
 - a. Medical documentation 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. This release cannot come from SRU provider.
 - b. A completed copy of your personal goal plan indicating your strategy for staying on-track for future semesters at SRU (your goal sheet is page 4 of this packet). If you need assistance completing this, please connect with the case manager assigned to your case.

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, 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.symlicity.com/public_accommodation/

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**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 _____
Year

Spring _____
Year

Summer _____
Year

Academic major when you last attended Slippery Rock University: _____

Academic advisors name: _____

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

If Yes, Name of Institution: _____ How many credits earned: _____

Do you plan to live on campus? Yes No

(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

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**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 _____

Student Name: _____ ID #: _____ Date: _____

Return to campus goal planning and action steps

Due to unforeseen circumstances, you had to leave campus. We want you to be successful upon your return. Please identify **three** goals and an action plan for achieving them this semester. If you need assistance completing this, please connect with your Student Support case manager for help.

1.	What do you need to do?	How will you do this? What specific actions will you take?	Who is able to help you accomplish this?	What will you do when things get hard?
2.				
3.				

What types of things might get in your way of success?

Are there specific concerns you have about returning to school?
