

Dean's Notification to CAPS of Student Medical Withdrawal

Date: _____

Dean's Name: _____ School: _____

Student's Name: _____ ID#: _____

_____ **Medical Withdrawal Provided to Student** **Date of Withdrawal:** _____

_____ **Retroactive Medical Withdrawal Provided**

What semester(s) grades have been cancelled by the withdrawal?

Reason for withdrawal (including rationale for retroactive, if provided):

Recommended Reenrollment Assessment Process:

_____ Review medical documentation (if available and adequate). In-person assessment not required.

_____ Assess student in-person even if medical documentation is submitted.

Rationale for recommended in-person reenrollment assessment. Please include any specific issues that you would like to see addressed during the student's reenrollment assessment:

Signature of Dean

Date