

### Medical Withdrawal Agreement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_

Date Entered UR: Month: \_\_\_\_\_ Year: \_\_\_\_\_

The above named student is taking a medical withdrawal from the University of Richmond. Accepting a medical withdrawal, with the intent to return to the university at a later date, requires the student to comply with the following conditions:

Initial all that apply

\_\_\_\_ Appropriate treatment for the condition(s) that led to the medical withdrawal  
A "Treatment Summary and Recommendations" form, completed by the student's treating professional, must be sent to CAPS at least four weeks before the first day of classes (of the semester you are asking to return). The "Treatment Summary and Recommendations" form must address the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Personal Statement  
A "Personal Statement," written by the student, must be sent to CAPS at least four weeks before the first day of classes.

\_\_\_\_ Signed Authorization Form 1  
An authorization form, signed by student allowing the sharing of relevant information among the treating professional, CAPS, and the Student Health Center, must be sent to CAPS at least four weeks before the first day of classes.

\_\_\_\_ Signed Authorization Form 2  
An authorization form, signed by student allowing the sharing of relevant information among the dean's office, CAPS, and the Student Health Center, must to be sent to CAPS at least four weeks before the first day of classes.

\_\_\_\_ Application for Readmission  
An "Application for Readmission" form must be sent to the dean's office at least four weeks before the first day of classes.

\_\_\_\_ Parental notification

\_\_\_\_ Other (see attached if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that a medical withdrawal typically occurs for at least an entire semester (the summer session may count as a semester). For example, if a student medically withdraws late in the Fall semester, he/she may be required to take the Spring semester off as well before applying to return. I accept the conditions of the medical withdrawal and understand failure to complete any of the stated conditions in the agreed upon time frame may negatively affect my readmission to the University of Richmond.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Dean's Office designee