
TEXAS SOUTHERN UNIVERSITY
MEDICAL WITHDRAWAL REINSTATEMENT
HEALTHCARE PROVIDER RELEASE

Purpose: This form is used when a student wishes to return to Texas Southern University after an official medical withdrawal and is completed by the student's healthcare provider. "Healthcare Provider" means a licensed healthcare provider (e.g., MD, DO, Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker, etc.)

Student Instructions:

1. Complete section 1 of this form - an incomplete form will not be reviewed and will be returned to you for completion.
2. Sign the form in Section 2.
3. Deliver this form to your healthcare provider at least six weeks *prior* to your planned return to Texas Southern University.

Healthcare Provider Instructions:

1. Complete sections 3 and 4 of this form.
2. Sign the form in section 5. Note: an unsigned form will not be accepted.
3. Return the form directly to the address listed below via mail, fax or email within 4 weeks of the student's planned return to Texas Southern University.

Section 1: Student Information:

T-Number: _____

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Section 2: Student Statement and signature:

I certify that the information provided above is true and correct.

Signature: _____

Date: _____

Section 3: Licensed Healthcare Provider Information:

Name: _____ License Number and State: _____

Licensed as: _____ Clinic/Hospital Name: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Section 4: Licensed Health Care Provider Report:

The above-named student has previously been granted a medical withdrawal from Texas Southern University, and is indicating readiness to return to full academic participation. Please complete in its entirety the following information regarding the student's current condition, sign, and forward to the Division of Student Services at the address noted below.

1. Date of first treatment contact: Your assessment and treatment of the student:

- Medical in nature Psychological in nature Drug/alcohol concerns
 Other _____

2. The student is unable to meet reasonable standards of conduct required of all students by the University? Yes No

3. The student functions by either attempt or repeated threats (including but not limited to written, physical, verbal, nonverbal, etc.) in a consistent manner suggesting suicide, intention to do harm to one's self or others? Yes No

4. The student presents imminent danger to others in a written, physical, verbal, nonverbal, etc. manner? Yes No

5. Check and complete one or both options below:

I believe that this student is **Medically** stable and therefore able to return to Texas Southern University as a student.

Yes No

I believe that this student is **Psychologically** stable and therefore able to return to Texas Southern University as a student.

Yes No

Section 5: Healthcare Provider's Signature:

Signature: _____

Date: _____

Return form to Akilah.Martin@tsu.edu