

**Reinstatement from Medical Withdrawal  
Student Procedures Checklist**

**Clarion University  
840 Wood Street  
Clarion, PA 16214**

*When you are ready to return to Clarion University:*

- Complete reinstatement of medical withdrawal (Part II). The form is available online at (<http://www.clarion.edu/academics/registrars-office/>)
- Obtain documentation and signature from a licensed healthcare professional, M.D. or M.O. outside of the University, attesting to the fact that you are ready to return to the University. Make sure that all of the requested information is included.
- Submit the completed form with signature(s) to the Registrar's Office. You will also need to apply for readmission through the Registrar's Office. The form is available online at (<http://www.clarion.edu/academics/registrars-office/>)
- Review the Withdrawal Reentry Plan that will be provided to you by the Registrar's Office after your readmission paperwork is processed.
- Contact your advisor or department chair to discuss what classes you should enroll in once your readmission paperwork is processed.
- Make housing arrangements or other arrangements related to your return back to the University.
- If you are a recipient of financial aid, you will need to contact the Financial Aid Office (116 Becht Hall) to discuss future financial aid.

*All offices—Financial Aid, the Registrar's Office, etc., will be notified that you are a "readmitted student."*

**Reinstatement from Medical Withdrawal - Part II**

**Clarion University  
840 Wood Street  
Clarion, PA 16214**

Name \_\_\_\_\_ Clarion ID \_\_\_\_\_

**Part II: Reinstatement Certification**

I am requesting to return to Clarion University for the \_\_\_\_\_ semester/year. I give my full consent to allow the Provost’s Office to contact the licensed healthcare professional outside the University listed below.

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

\_\_\_\_\_  
Date

The student above has been cleared medically and has completed recommended actions. I certify that the student is medically able to attend Clarion University for the \_\_\_\_\_ semester/year, appropriate documentation is attached.

Comments or restrictions:

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

\_\_\_\_\_  
Name, Title, State and License # of healthcare professional (M.D. or D.O.) recommending medical reinstatement

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – OFFICAL USE ONLY**

Approved to Return \_\_\_\_\_ (Hold Removed)

Not Approved to Return \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Provost's Signature

\_\_\_\_\_  
Date

***Documentation must be appended to this form in order to effect the medical withdrawal or reinstatement.***

***A copy of the form, Part I, should go to the student. The original stays with the Registrar’s Office. Once a student comes back, s/he should take a copy to the licensed healthcare professional, M.D. or D.O to be cleared (Part II). Again, a copy is given to the student, and the original stays in the Registrar’s office.***