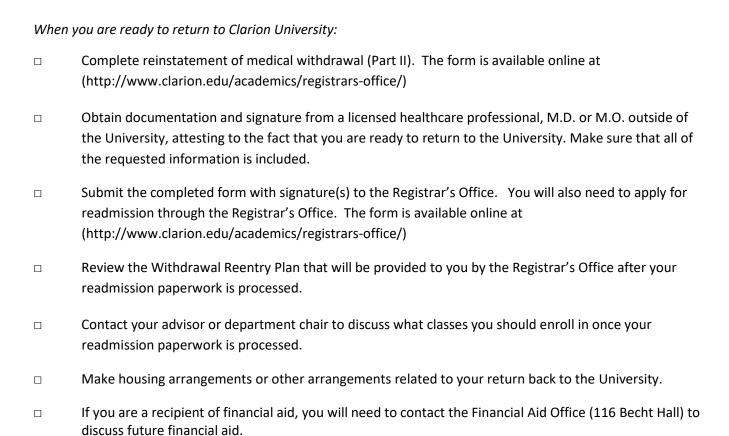
Reinstatement from Medical Withdrawal Student Procedures Checklist

Clarion University 840 Wood Street Clarion, PA 16214



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 Co	ertification		
	to Clarion University for the Provost's Office to contact the licer		
Student Signature		Date	
student is medically able appropriate documentat			
Comments or restrictions	5:		
Name, Title, State and Lic	cense # of healthcare professional (M.D. or D.O.) recommendin	g medical reinstatement
Signature	Email	Phone	Date
	DO NOT WRITE BELOW THIS L	INE – 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.