

---

**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 continues to engage in behavior expressly prohibited by the Student Code of Conduct (e.g., campus disturbance, mental or bodily harm, destruction of property, disorderly conduct, bullying, intimidation, harassment, stalking):  
 Yes  No

---

4. 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

---

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

---

6. 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: \_\_\_\_\_