



Please submit to:(receiving party)

SUPPORTING LETTER FOR REINSTATEMENT

AUTHORIZATION FOR EXCHANGE OF INFORMATION	
STUDENT NAME	_____
ADDRESS	_____ _____
PHONE	_____
DATE OF BIRTH	_____ TODAY'S DATE _____
SIGNATURE	_____

TREATMENT PLAN VERIFICATION

In cases of hardship withdrawal requiring reinstatement for personal medical reasons, the ~~Dean's~~ or De designee of the student's school or college places a hold on the student. The student must apply for reinstatement to the university as outlined below.

1. Date of evaluation \_\_\_\_\_
2. Start date of treatment (if applicable) \_\_\_\_\_  
End date of treatment (if applicable) \_\_\_\_\_
3. Frequency of appointments \_\_\_\_\_
  
5. Treatment goals and summary of progress  
\_\_\_\_\_  
\_\_\_\_\_

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6. Professional opinion regarding the student's current ability to handle the intellectual, physical, social, and/or personal demands of being:

(a) A full-time student at Seattle University

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(b) Living safely and independently in the residence halls, providing appropriate care, and utilizing available support and treatment resources.

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7. Recommendation for special accommodations under which student should be reinstated.

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8. Current treatment recommendations for the student.

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9. Additional Comments (attach any applicable supporting materials):

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SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

LICENSE/DEGREE/  
CERTIFICATION  
TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS/PHONE \_\_\_\_\_  
\_\_\_\_\_