

**Readiness to Return after Medical Withdrawal Form**

University of California, Santa Cruz

*When requested by your college as part of the readmission process, this form should be sent by U.S. mail or FAX to the UCSC Student Health Center, Attn: CAPS Director; 1156 High St., Santa Cruz, CA 95064 or FAX: 831-459-5116.*

*It must be received during the following date range for the readmission term:*

*Fall readmission: August 1 – September 1*

*Winter readmission: November 1 – December 1*

*Spring readmission: February 1 – March 1*

*Summer readmission: May 15 – June 15*

Dear Provider:

Thank you for treating our UC Santa Cruz student and for taking the time to give us your thoughts on their readiness to successfully return to academic coursework. To assist you in this endeavor, we want to give some context about the process. Medical withdrawals are considered for students when, during week 7 or later in our quarter system, an overwhelming medical or mental health concern makes it impossible for them to continue their academic studies. This also triggers our “Readiness to Return” process.

This process is intended to help us ensure that students will be successful upon their return. Due to the exceptional circumstances that lead to a medical withdrawal, it is typically expected that students take at least one quarter off to recover. This is especially necessary when the medical withdrawal is precipitated by a serious health concern (such as a psychotic break, a suicide attempt resulting in a psychiatric hospitalization, or Tuberculosis). Often students experience a temporary reduction in symptoms when removed from university related stress generating a sense of optimism about a successful return. All too often though, we see these premature returns resulting in an intensification of mental health symptoms and the need for an additional medical withdrawal. Similarly, life circumstances (family pressure, financial concerns, academic needs) serve as strong motivators for an early return. While this is understandable, the results are usually not successful.

Thank you so much for taking a few minutes to complete the attached form. As the treating provider, we depend on your partnership to give us a clear picture of the treatment the student has received, the progress they have made, and their ongoing treatment needs. On the form, the student has consented for us to contact you if we have any questions or need further clarification.

The ideal scenario is for our students to take the time needed to heal and to return ready to successfully engage in the academic rigors inherent in a highly competitive university. Thanks again for your important role in this. For any questions about this process please contact Dr. Gary Dunn, at 831-459-1942.

Thank you.

Gary Dunn, Ph.D.

Drew Malloy, M.D.

UCSC CAPS Director

UCSC Medical Director

\_\_\_\_\_ Please initial here indicating you have read and understand this information and return it with the Readiness to Return form (next page).

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It must be received during the following date range for the readmission term:

Fall readmission: August 1 – September 1; Winter readmission: November 1 – December 1; Spring readmission: February 1 – March 1  
Summer readmission: May 15 – June 15

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ College: \_\_\_\_\_

Readmission application term:  Fall 20\_\_  Winter 20\_\_  Spring 20\_\_  Summer 20\_\_

(Readmission is not always required to attend in summer. Contact your college if you are unsure.)

Primary reason for medical withdrawal: \_\_\_\_\_

Which quarter did you withdraw for medical reasons?: \_\_\_\_\_

Name of Physician or Health Care Provider: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Authorization for Release of Information**

I authorize the Health Care Provider above to provide the following information regarding my medical history and condition(s) to UCSC Student Health Center employees. I further authorize the Health Care Provider above to provide additional information regarding my medical condition and recommendations for ongoing treatment to the medical director or designee of the UCSC Student Health Center, if requested. I also acknowledge and agree that an additional evaluation by the UCSC Student Health Center medical director or his/her designee may be required.

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

Date: \_\_\_\_\_

**To the Physician or Health Care Provider:**

This student is requesting readmission to UCSC after withdrawing due to a medical condition. Please respond to the following questions to the best of your ability, to address the student's readiness to resume studies. When completed, please return this form to the student, who will then submit it to the UCSC Student Health Center.

Please describe the treatment you provided to the student and how the condition that resulted in the student's medical withdrawal has changed.

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

Please indicate current medications and dosages if applicable:

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

Please describe your current treatment and any recommended ongoing treatment plan that will be required for the student to succeed academically. Please indicate who will be providing this treatment. (Please note-if there is an expectation that treatment will be provided by the UCSC Student Health Center (831-459-2211) or Counseling and Psychological Services (CAPS, 831-459-2628), student must contact us prior to finalizing the readiness to return process):

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

Please choose one:

- The recommended treatment plan is currently in place
- The recommended treatment plan is not yet in place
- No ongoing treatment plan is necessary

I have treated the student for this condition and recommend (please choose one):

- Student is able to resume full-time studies beginning in the term listed above
- Student is able to resume studies beginning in the term listed above, but a part-time schedule is recommended until \_\_\_\_\_

Signature of Physician/Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Degree: State: \_\_\_\_\_ License No.: \_\_\_\_\_