

Emergency Medical Leave Re-Entry Form

Prior to your hold being lifted, you need to complete the following tasks AT LEAST ONE WEEK prior to the first day of classes for the semester you are requesting to return. Requests to return will NOT be considered after the deadline.

1. Send a personal statement that describes the steps taken to ensure that the cause for your emergency/medical leave has been addressed and your personal readiness for returning to school via e-mail to deanofstudents@govst.edu
2. Give written permission for the Office of the Dean of Students, Counseling & Wellness Center, and the student's college to share relevant information regarding your request (SIGN BELOW);
3. Recent documentation from a treating, licensed healthcare provider (preferably, the healthcare provider who provided the original documentation for your leave), that includes, at a minimum:
 - General description of the treatment provided
 - Clinical status
 - A statement of opinion as to the student's readiness to resume academic study and university life

E-mail all documents to deanofstudents@govst.edu After receipt of all required documentation, Office of the Dean of Students, in consultation with the Counseling & Wellness Center, will make a final decision and communicate with the student regarding that decision, next steps, and the appeals process, if relevant. A meeting (virtual or in-person) may be required prior to approval.

Requests to return must be submitted to the Office of the Dean of Students NO LATER THAN ONE WEEK prior to the first day of classes for the semester in which you are requesting to return. Requests to return will NOT be considered after the deadline.

BY SIGNING BELOW:

I authorize the Office of the Dean of Students and the Counseling and Wellness Center to share any and all medical information regarding my request for medical re-entry. I further authorize the Office of the Dean of Students and Counseling and Wellness Center to request additional documentation or information necessary in order to process my request for emergency/medical leave re-entry.

I authorize the Office of the Dean of Students and my Academic College to communicate regarding my request for medical re-entry.

I acknowledge the deadlines as outlined on the Emergency/Medical withdrawal website and referenced above and understand that failure to complete the process by the deadlines may negatively impact the decision, my academic progress and financial aid.

I, _____ acknowledge the above statements to release my hold.
Print Name

Signature: _____

Date: _____