



Deadlines to Request Return	
Fall:	July 1
Spring:	November 15
May Term:	March 1
Summer:	April 1

SMU Request to Return from Medical Withdrawal

Name *(printed)* _____

SMU Student ID: _____

Signature _____

Date: _____

Date of Leave: *(include year)*

Date of Requested Return: *(include year)*

Fall _____

Fall _____

Spring _____

Spring _____

Summer _____

Summer _____

Answer the following questions with as much detail as possible. Feel free to use separate or additional pages as necessary.

1. Please describe the circumstances that led to your medical withdrawal.
2. While you were away, how did you address the issues you outlined above? Please be specific about dates of treatment, name(s) of provider, program descriptions, etc.
3. In addition to your treatment, what else did you do while you were away? How do you believe this will help you in returning to SMU?
4. What recommendations did you receive from your treatment provider about your return?
5. What support do you have in place to help with a successful transition back to classes? Examples include, but are not limited to, therapy, success or life coaching, periodic appointments with advisor, tutoring, etc.
6. What are your planned living arrangements?
7. How can SMU support you in your return to campus?