



WAKE FOREST UNIVERSITY

Application for Readmission

Office of Academic Advising
P.O. Box 7225, Winston-Salem, NC 27109
(336) 758-3320-Fax (336)758-4548

Please indicate the semester for which you are seeking readmission:

Please check all options that apply:

- Fall ____
- Spring ____
- Summer ____ (only)
- Summer ____ (continuing into the Fall ____ semester)
- Male
- Female
- Full-time
- Part-time
- In-State
- Out-of-State
- Housing
- Not Requested

Deadlines: *Fall Readmission – August 1 * Spring Readmission – December 1 * Summer Readmission – April 15*

Name: _____
Last First Middle

Date of Birth: _____ MM/DD/YYYY WFU Student ID #: _____

Address: _____ email address: _____

City: _____ State: _____ ZIP: _____ Telephone: _____

Previous Enrollment Dates at WFU:

Date of first enrollment at WFU: _____ MM/YYYY Date of last attendance at WFU: _____ MM/YYYY

Did you attend another higher education institution since leaving Wake Forest University? Yes No

If you answered yes, please complete the information below:

Name and location of College: _____
School name City State

Dates of attendance: _____ MM/YYYY **Did you leave in good standing?** Yes No

If you did not leave in good standing, please explain here:

Please provide a brief statement explaining how your time away from Wake Forest University was spent. No readmission after judicial, academic, or personal suspension or withdrawal is guaranteed. The Committee on Academic Affairs (CAA) evaluates all applications for readmission. Students who leave for judicial, medical, or psychological reasons must be cleared by the appropriate party before they will be readmitted.

Applicant's Signature Date

FOR OFFICE USE ONLY:

Readmitted by: CAA _____ Full-Time _____ Part-Time _____ Post Graduate _____ Unclassified _____
OAA _____ Date _____ Conditions _____

RELEASE AGREEMENT

I, _____, hereby authorize the release of my academic and disciplinary record to Wake Forest University.

Applicant's Signature

Date

Please give this form to the Dean or administrative officer of the school you have been attending while away from Wake Forest University.

The student named above, who has attended your institution, has applied for readmission to Wake Forest University. We would be grateful for your response to the following questions:

- Has the student been disciplined by your institution for any reason? If so, please explain.

- Has the student consistently been in good academic standing? If not, please explain.

Name of the University

Signature of University Official

Date

Name (please print)

Title

**Please return this form to:
Office of Academic Advising
Wake Forest University
P.O. Box 7225
Winston-Salem, NC 27109
Telephone (336) 758-3320-Fax (336)758-4548**

Medical Withdrawal from School: Readmission Procedure

Students who withdraw from school for medical, psychiatric, or psychological reasons must meet the following requirements before being readmitted:

1. The physician or therapist who provides treatment after withdrawal must document appropriate and adequate treatment of the condition that led to the withdrawal.
2. The physician or therapist must provide a letter giving an opinion concerning whether or not the student should resume academic work at Wake Forest and explain why the student is ready to return.
3. The Director of the Student Health Service and the Director of the University Counseling Center (when appropriate) will review this information. The Director(s) will make an independent recommendation to the appropriate Dean concerning readmission based on the information provided by the physician or therapist as well as based on the student's medical and psychological history prior to withdrawal.
4. All students who are readmitted following a withdrawal for medical, psychiatric, or psychological reasons will be required to follow the recommendations of the physician or therapist who provides care during the absence as well as the recommendations of the Student Health Service and the University Counseling Center.
5. In addition to the recommendation of the physician or therapist who cared for the student, each returning student must be re-evaluated by the Student Health Service or the University Counseling Center within one month of returning to Wake Forest (ideally, this should be about 3 weeks after classes begin for the semester). This will insure that the transition back to academic life is going well and that no additional resources or additional treatment(s) are necessary. Students who fail to follow this procedure will be reported to the Dean's office.
6. The final decision concerning academic reinstatement rests with the appropriate dean and/or faculty committees (e.g., the Committee on Academic Affairs of the College). **PLEASE NOTE:** Students who withdraw from school for mental health reasons (e.g., depression, substance abuse, bipolar illness, ADHD, etc.) should anticipate at least one semester away from school if not more to receive appropriate treatment for these conditions.
7. Medical information concerning returning to school should be sent to:

Cecil D. Price, M.D.
WFU Student Health Service
P.O. Box 7386
Winston- Salem, NC 27109-7386
336-758-5218 (phone)
336-758-6054 (fax)

-or-

James Raper, Ph.D., LPC-S
WFU Counseling Center
P.O. Box 7838
Winston- Salem, NC 27109-7386
336-758-5273 (phone)
336-758-1991 (fax)

Wake Forest University Student Health Service
P.O. Box 7386
Winston- Salem, NC 27109-7386
336-758-5218 FAX 336-758-6054

Wake Forest University Counseling Center
P.O. Box 7838
Winston- Salem, NC 27109-7386
336-758-5273

RELEASE OF INFORMATION FORM

I. Name of Individual:

(Last) (First) (Middle)

II. Student ID Number: _____ Birth Date: _____
MO DAY YR

Please place a check (✓) in the appropriate boxes below, sign on the appropriate line(s), and fill in the date.

- I request that the Wake Forest University Student Health Service and/or University Counseling Center release any pertinent information and recommendations (with the stipulation that the released information be kept confidential) to the Office of Academic Advising to assist in my withdrawal from Wake Forest for medical, psychological, or psychiatric reasons.

_____ (signature) _____ (date)

- I request that the Wake Forest University Student Health Service and/or the University Counseling Center release any necessary information to the Office of Academic Advising to assist in my readmission to the University if and when I have been cleared by my physician or therapist to return to school. This may include information concerning my compliance with the recommendations of the therapist or physician who has cared for me as well as my compliance with recommendations of the Student Health Service and/or University Counseling Center once I have returned to campus.

_____ (signature) _____ (date)

- I have been given a copy of "Medical Withdrawal from School: Readmission Procedure." I understand that I must forward the information requested on this form to the Student Health Service or the University Counseling Center (as appropriate) before a recommendation concerning my return to Wake Forest University can be provided from either of these offices to the Office of Academic Advising.

_____ (signature) _____ (date)

Signature(s) Witnessed By:

Date:

Name of Dean:
