

Oakland University  
STUDENT REQUEST FOR RE-ENROLLMENT FORM  
(For Medical Withdrawals Only)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Re-enrollment Term: \_\_\_\_\_

Treating psychiatrist/licensed psychologist contact information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby submit my request for re-enrollment. I understand that I can be required to have a psychological evaluation completed by a psychiatrist or licensed psychologist prior to consideration of the request.

I understand that the recommendations as stated in the psychological evaluation may be used by officials at the University when considering my request for re-enrollment.

I give my consent that my treating psychiatrist, or other physician, or licensed psychologist may release pertinent information to the Dean of Students Office needed for the evaluation of my re-enrollment request. I hereby agree that a photocopy or fax of this release is a legal equivalent of the original document.

I understand that the university is not responsible for any costs related to my request for re-enrollment.

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

\_\_\_\_\_  
Date

Please submit completed form to:  
Dean of Students Office (248) 370-3352 Office  
Oakland University (248) 370-4250 Fax  
144 Oakland Center  
Rochester, MI 48309