



**Campus Life**  
Health and Wellbeing

Dear Provider,

Thank you for supporting a Wake Forest University student in obtaining medical or mental health treatment necessary for their academic success. We know that people who obtain necessary care during their college years are more likely to be successful in their lifetime than those who neglect their health needs. Your client/patient has taken a medical leave of absence from enrollment due to a specific medical or mental health condition. In order to resume enrollment the student must provide documentation from a licensed health provider demonstrating that: They have followed through with a course of treatment appropriate to the condition which necessitated their leave

Please read the attached form carefully and provide your best recommendation for the student's status at the time of their petition to return (therapy, medication, etc.).

Documentation should be submitted to [medicalrequests@wfu.edu](mailto:medicalrequests@wfu.edu).

For your convenience we have provided some benchmarks for what will be required of the student when they return to enrollment. Wake Forest University provides a rigorous academic and social environment where appropriate engagement with professors and peers is required for academic success. There may also be additional academic hurdles students must meet to progress to specific majors, minors, or programs. We encourage you to discuss the student's academic plans with them when it is relevant to the treatment you are providing.

*If you have any questions about the level of support the student will receive when returning to campus, please do not hesitate to reach out to us at [medicalrequests@wfu.edu](mailto:medicalrequests@wfu.edu)*



## Readmission Questionnaire for Medical/Mental Health Continuous Enrollment

*Instructions:* This form is to be completed by a licensed medical and/or mental health provider. For conditions which necessitated a withdrawal from the university, this form should be completed by the licensed provider from whom you received care while away from Wake Forest University.

Please respond to all of the questions listed below:

Full name of student: \_\_\_\_\_ WFU ID # \_\_\_\_\_

*Please check the discipline(s) in which you have an active license:*

Psychiatry       Psychology       Professional Counseling       Clinical Social Work

Marriage and Family Therapy       Physician/Nurse Practitioner/Physician's Assistant

Other (Please specify)  \_\_\_\_\_

*Please indicate the specific treatment(s) the student participated in while on leave:*

Surgery       Outpatient therapy/treatment       Partial hospitalization

Inpatient Hospitalization       Medication Management

Other (Please specify)  \_\_\_\_\_

Treatment start date? \_\_\_\_\_ Most recent or last date of treatment? \_\_\_\_\_

*Has the treatment plan for the patient's condition included the use of prescription medications?*

Yes       No

If yes, please indicate medication(s), dosage, and schedule: \_\_\_\_\_

***Will this student continue in your care when they return to campus? If no, student should request a meeting with a campus case manager as soon as possible to arrange for local providers***

Yes  No

What are the continued care/treatment needs for this student?

Outpatient therapy/treatment  Partial hospitalization or Intensive Outpatient Treatment

Medication Management  None

Other (Please specify)

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Is this student requesting any temporary or ongoing accommodations related to their medical/mental health condition (i.e., housing, meal plan, academic accommodations)?

For academic accommodations: Please contact the Center for Learning Access, and Student Success at [CLASS@wfu.edu](mailto:CLASS@wfu.edu) and provide a completed [Documentation for Disability-Related Academic Accommodations](#) form.

For dining or housing accommodations: Please contact the Office of Residence Life and Housing at [housing@wfu.edu](mailto:housing@wfu.edu) and provide a completed [Documentation for Disability Related Accommodations in Housing or Dining](#) form.

Other comments to assist with the student's successful transition to Wake Forest University:

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\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Provider (please print/type)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Provider

**Completion of this documentation does not guarantee a student readmission to the university, but is a requirement for consideration.**

**Ability to resume full-time academic enrollment and on-campus independent living.**

*Academic responsibility often consists of 12-15 credits of in person rigorous academic course loads. Depending on a student's goals, it could also include extracurricular activities, leadership responsibilities, and possible athletics and/or research involvement. Students may live on campus in a room by themselves or with roommates. Regardless of the room environment, residence hall living requires being in community with others where students must maintain all activities of daily living without any supervision. Student and professional staff are available to respond to emergent situations only when notified. Pharmaceutical management is not provided. The student has demonstrated the willingness and ability to use available resources to maintain reasonable health and safety (attend outpatient therapy, take medication as prescribed, reach out for help as needed, etc.).*

**Ability to resume full-time academic enrollment and off-campus living.**

*Academic responsibility often consists of 12-15 credits of rigorous academic course loads. Depending on a student's goals, it could also include extracurricular activities, leadership responsibilities, and possible athletics and/or research involvement. Off-campus living is either alone or with roommates and without any oversight.*

**Ability to resume part-time academic enrollment and on-campus independent living.**

*Part-time academic responsibility often consists of 9-12 credits of rigorous academic course loads. Depending on a student's goals, it could also include extracurricular activities, leadership responsibilities, and possible athletics and/or research involvement. Students may live on campus in a room by themselves or with roommates. Regardless of the room environment, residence hall living requires being in community with others where students must maintain all activities of daily living without any supervision; pharmaceutical management is not provided. Student and professional staff are available to respond to emergent situations only when notified.*

**Ability to resume part-time academic enrollment and off-campus living.**

*Part-time academic responsibility often consists of less than 12 credits of rigorous academic course loads. Depending on a student's goals, it could also include extracurricular activities, leadership responsibilities, and possible athletics and/or research involvement. Off-campus living is either alone or with roommates and without any oversight.*

**Students are not ready to return to academic enrollment.**

*The student has demonstrated that they are unable or unwilling to manage symptoms without support in managing the recommended treatment plan. The student is unable to live independently and/or have significant interpersonal concerns due to mental health/safety that would be disruptive to the learning and living environments of others and/or that poses a reasonable possibility of significantly affecting the health, safety, well-being of any members of the university community until better managed.*

**Unable to provide recommendation for return due to limited contact with the student.**