



# SEATTLE UNIVERSITY

**Please submit to:** (receiving party)

\_\_\_\_\_  
(Name of Person / Organizational Affiliation)

\_\_\_\_\_  
(Address) Phone: ( ) \_\_\_\_\_

\_\_\_\_\_  
(City, State, Zip) Fax #: ( ) \_\_\_\_\_

## SUPPORTING LETTER FOR REINSTATEMENT

AUTHORIZATION FOR EXCHANGE OF INFORMATION	
STUDENT NAME	_____
ADDRESS	_____ _____
PHONE	_____
DATE OF BIRTH	_____
TODAY'S DATE	_____
SIGNATURE	_____

## TREATMENT PLAN VERIFICATION

In cases of hardship withdrawal requiring reinstatement for personal medical reasons, the Dean or Dean's designee of the student's school or college places a hold on the student. The student must apply for reinstatement to the university as outlined below.

1. Date of evaluation \_\_\_\_\_
2. Start date of treatment (if applicable) \_\_\_\_\_  
End date of treatment (if applicable) \_\_\_\_\_
3. Frequency of appointments \_\_\_\_\_
4. Diagnosis \_\_\_\_\_
5. Treatment goals and summary of progress \_\_\_\_\_  
\_\_\_\_\_

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6. Professional opinion regarding the student's current ability to handle the intellectual, physical, social, and/or personal demands of being:

(a) A full-time student at Seattle University.

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(b) Living safely and independently in the residence halls, providing appropriate self-care, and utilizing available support and treatment resources.

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7. Recommendation for special accommodations under which student should be reinstated.

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8. Current treatment recommendations for the student.

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9. Additional Comments (attach any applicable supporting materials):

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SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

LICENSE/DEGREE/  
CERTIFICATION  
TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS/PHONE \_\_\_\_\_

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