Medical Withdrawal Re-enrollment Form

Students requesting to return to UNL after taking a medically related withdrawal should complete the steps outlined below.

1. Communicate with your/an academic advisor about returning to UNL.
   - ☐ Yes, I have contacted my/an academic advisor.
   - ☐ No, I have not contacted my/an academic advisor.

   **Notice on Academic Advising:** Each college offers academic advising services. Students who need assistance in contacting an advisor from their college or who are exploring or undecided can utilize the following link https://www.unl.edu/current/advising/ to locate advising services.

2. Communicate with Husker Hub or a financial aid advisor about returning to UNL.
   - ☐ Yes, I have contacted Husker Hub/financial aid advisor.
   - ☐ No, I have not contacted Husker Hub/financial aid advisor.

   **Notice on Financial Aid:** Students that were authorized to take a medical withdrawal may need to appeal to the Office of Scholarships and Financial Aid to have a scholarship re-awarded or their financial aid eligibility reinstated as a result of not making satisfactory academic progress. Students are encouraged to contact Husker Hub at 402-472-2030 or email huskerhub@unl.edu.

3. Prepare a written personal statement that explains how you have addressed your medical condition during your time away from UNL and how you anticipate using services on and off campus to support your health and academic success going forward.

4. Request a letter from an impartial, licensed healthcare provider on clinic letterhead that confirms your medical condition has been adequately addressed so you can successfully resume academic work at UNL. Please review the Medical Withdrawal policy for details that the letter should address.

This form, your personal statement, and the provider letter should be submitted at 106 Canfield Administration Building or to studentaffairs@unl.edu. If you have questions, please call 402-472-3755 to speak with a representative in student affairs.

| Today’s Date: ___________________________ | Student’s Name: ___________________________ | Student ID: ___________________________ |
| Preferred Address: ___________________________ | Preferred Email: ___________________________ | Preferred Telephone: ___________________________ |

<table>
<thead>
<tr>
<th>Term(s) from which you were withdrawn:</th>
<th>Term you intend to re-enroll at UNL (choose only 1):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fall, 20__</td>
<td>☐ Fall, 20__ [Submit by or before June 1st]</td>
</tr>
<tr>
<td>☐ Spring, 20__</td>
<td>☐ Spring, 20__ [Submit by or before October 1st]</td>
</tr>
<tr>
<td>☐ Summer, 20__</td>
<td>☐ Summer, 20__ [Submit by or before March 1st]</td>
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</tbody>
</table>

Students who have not been enrolled for three or more consecutive terms will need to re-apply for admission and meet the admission requirements at the time of re-application.

By signing and submitting this request, you certify that the information contained on this request form and attached to it is true and accurate. Students who provide false information to obtain approval to return from a medical withdrawal may have their enrollment subsequently cancelled or be referred to the Office of Student Conduct and Community Standards as an alleged violation of the Student Code of Conduct.

____________________________________________________  ____________________________________
Student Signature                                      Date