

Student Agreement – Post-Withdrawal for Medical Reasons

Student Name: ____

Student ID: _____

Purpose: To document the Student's understanding of the requirements of Florida Southern College (the "College") in order for the Student to be readmitted to the College after a Withdrawal for Medical Reasons.

Process

A. Before a readmission can be considered

Students must agree to and complete the following for a readmission request to be considered.

- a. Student will submit confirmation, to the Dean of Students or their designee, from a qualified medical professional, to whom the student is a patient directly under their care, that the student is approved to return to campus and resume all daily campus activities.
- b. Unless explicitly waived by the Dean of Students or their designee, the Student agrees to waive FERPA and provide consent for medical providers to release/ receive information to/ from the College, to include the FSC Counseling Center, regarding treatment compliance and recommendations
- c. If applicable, to participate and successfully complete all follow-up treatment recommendations made by their treating medical professional(s).
- d. To submit a statement, of no fewer than 250 words, clearly indicating how they will be successful, including what tools, resources and support systems they will utilize, upon return to the College.
- e. To comply with any other requirements imposed by the College based on the Student's particular situation or requirements which might be applicable under Appendix B to the Student Handbook.

B. Following a readmission to campus

In the event the Student is readmitted, the Student must adhere to the following:

- a. Unless explicitly waived by the Dean of Students or their designee, the Student agrees to submit confirmation of medical treatment compliance to the College as follows:
 - i. Submit weekly confirmation to the Dean of Students or designee (via medical provider) of attendance/ treatment compliance.
 - ii. Submit confirmation to the Dean of Students or designee (via medical provider) of successful discharge from treatment within 72 hours of completion.
 - iii. Submit any other medical information requested by the Dean of Students or designee related to the Student's treatment or discharge from treatment.

Failure to comply with any part of the process outlined above may result in immediate, involuntary withdrawal or expulsion from the College. By signing below, the Student acknowledges that the Student has read, understands, and agrees with the requirements set forth above and understands and agrees that the College will be monitoring the Student's continuing medical care and progress.

Signature

Date

Agreement continues on the next page.



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Student Statement

The College is committed to your success and cares deeply about your transition back to the College. To best evaluate your potential for success, please clearly indicate what tools, resources, support systems, and accommodations you will utilize upon return to the College.

Signature		Date	 	