

MEDICAL PROVIDER OFFICE LETTERHEAD

(DATE)

To the Dean of Students and Medical Withdrawal Review Committee,

I am writing to provide medical clearance for **[STUDENT'S FULL NAME]** to return to the University for the **[SEMESTER OF RETURN, e.g., Fall 2026]** term. As previously documented, **[STUDENT'S FIRST NAME]** was under my care for **[DIAGNOSIS/DIAGNOSES]** and was granted a medical withdrawal for the **[WITHDRAWAL SEMESTER]** term.

Since the time of withdrawal, **[STUDENT'S FIRST NAME]** has remained compliant with their treatment plan and has attended follow-up appointments on **[LIST RECENT APPOINTMENT DATES]**. We have worked specifically on **[MENTION GENERAL GOALS, e.g., symptom management, stabilization, rehabilitation, medication changes etc]**.

In my professional opinion, **[STUDENT'S FIRST NAME]** has shown significant improvement and is now medically stable enough to resume a full-time academic course load. **[The student will still need additional accommodations or accessibility- Mention any as applicable] (If Applicable)**. They have demonstrated the necessary **[MENTION SPECIFIC PHYSICAL, EMOTIONAL, MENTAL ABILITIES (as applicable to their diagnosis)]** to successfully participate in campus life and meet academic expectations.

I am confident in **[STUDENT'S FIRST NAME]'s** readiness to return. If you require further clarification regarding their recovery or current status, please contact me at **[PROVIDER'S PHONE AND/OR EMAIL ADDRESS]**.

Sincerely,

[Provider Name and Title]

[Provider Signature]

[Provider License/NPI Number]