

Assessment of Readiness to Return

Dear Medical/Mental Health Care Provider,

A UC Berkeley student who has been under your care is requesting readmission after dismissal to the College of Letters & Science. Your assessment of the student's prognosis would be much appreciated by the College. Please consider the intersection of life stressors (e.g. parenting, demands, basic needs concerns, etc.) alongside what it takes to make satisfactory academic progress at UC Berkeley.

How to Submit (for Medical/Mental Health Care Provider):

After you have completed this form, please send this form to the student for submission or email this form directly to lsdeansconference@berkeley.edu

For Completion by Student

Student Name

Student ID Number

Student Signature

Email Address

Academic term or which you are applying for readmission: ☐ Fall 20__ ☐ Spring 20__

For Completion by Provider

Provider Name & Title

Professional License Number

Provider Signature

Date

UC Berkeley is a highly competitive academic institution. In your clinical opinion, do you believe the student is ready to return to UC Berkeley at this time?

Please check one:

☐ *Yes, without conditions* ☐ *Yes, with conditions* ☐ *No* ☐ *Unable to assess*

In light of your prognosis for the student, what is your assessment of their readiness to return to UC Berkeley? (please do not include medical history information or course of treatment):