

To: Students Applying for Return to the University of Notre Dame

The University Counseling Center (UCC) has been informed of your interest in returning to the University. We have been asked to assist you in that process by reviewing your recent treatment participation and rendering a recommendation regarding preparedness to return. The final decision about return to the University is not determined by the UCC. Instead the UCC's recommendation will be considered by members of the Undergraduate Readmissions Committee, Graduate School or Program, or the Office of Student Support and Care, in their respective decision-making capacity.

It is your responsibility to ensure that the UCC receives all necessary documents by the deadline. Recommendations cannot be made without all of the required documentation, and late applications will not be considered.

- 1. Please ask your clinically licensed mental health provider(s) that you have seen/are currently seeing since your last date of attendance at the University to complete the "Treatment Provider Questionnaire" found on the UCC website, https://ucc.nd.edu/counseling-services/returning-to-the-university/. Please ask your provider(s) to attach a brief statement of recommendation for return to the University on letterhead. Your packet will be deemed incomplete should the letter not be received.
- 2. Please respond in writing to the questions on the Student Questionnaire found on the UCC website, https://ucc.nd.edu/counseling-services/returning-to-the-university/, indicating in some detail your reflections and feelings about your readiness to return to the University next semester.
- 3. Please complete the appropriate Authorization for Release of Information (ROI) available on the UCC website, https://ucc.nd.edu/counseling-services/returning-to-the-university/. One ROI will allow us to communicate our recommendation concerning your return to the appropriate person or group at the University. The second ROI will allow us to speak to the treatment provider(s) that completed the Treatment Provider Questionnaire. Please record this person's name, address, phone, and fax number under "Agency/Persons B." If you have seen more than one provider, please make multiple copies of the Treatment Provider Questionnaire and ROI for each provider to complete and submit to the UCC.

ALL completed documentation <u>must be received</u> by the UCC by April 15th for consideration for the subsequent Fall Semester, and November 1st for consideration for the subsequent Spring Semester. Graduate students who have completed course work are considered on a rolling basis.

Please return all materials to: University Counseling Center, Attention: Amy Spanopoulos, LCSW, Associate Director, Clinical Services P.O. Box 709, University of Notre Dame, Notre Dame, IN 46556-0709.