



UNIVERSITY OF
NOTRE DAME

UNIVERSITY COUNSELING CENTER

Student Readmission Questionnaire

Please review the following questions. Attach your responses to this form and return both to: Attention: Rita Donley, Ph.D., Readmissions, University Counseling Center, PO Box 709, University of Notre Dame, Notre Dame, IN 46556-0709.

Print Your Name: _____

Current Address: _____

Current Phone Number: _____ Current E-Mail Address: _____

Signature: _____

Date of Withdrawal from the University of Notre Dame: _____

Applying to return _____ Fall _____ Spring _____ Summer _____ Year

Today's Date: _____

1. Please describe the circumstances involved in your decision to withdraw from the University of Notre Dame.
2. How have you addressed and resolved those issues that precipitated your withdrawal?
3. Please describe why you feel you are ready to return to the University of Notre Dame.
4. Please describe what steps you will take to assist you in your transition back to the university and the pressures of academic work, on/off campus living, social life, athletic and/or organizational commitments, etc.
5. Do you feel that you need additional treatment when you return to the university to assist you in your transition? If yes, what treatment would you require to assist you with this transition (e.g. individual counseling, medication management, group therapy, AA meetings, etc.)? If you feel you do not need treatment at this time, why not?

Thank you for taking the time to provide your thoughtful perspective as we review your readmission materials.

If you do hope to be seen at the University Counseling Center when you return to Notre Dame, please keep in mind that all students seen at UCC each academic year receive an initial intake screening. After the intake, each student's case is reviewed by a Disposition Team to help determine the best treatment option, which may or may not include UCC services.