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Student Readmission Questionnaire

Please review the following questions. Attach your responses to this form and return both to:
Attention: Dr. William Stackman, Associate Vice President for Student Services, Readmissions,
University Health Services, Saint Liam Hall, Room 201, University of Notre Dame, Notre Dame,
IN 46556.

Print Your Name: _____ E-Mail Address: _____

Current Address: _____ Phone Number: _____

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 care/treatment when you return to the university to assist you in your transition? If yes, what care/treatment would you require to assist you with this transition (e.g. medication management, medical follow up, etc.)? If you feel you do not need care/treatment at this time, why not?

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