

Date(s) of follow up appointment(s) (if applicable):

Nature of intervention provided:

Outcome of intervention provided:

Intervention and/or follow-up plan (with dates):

Referrals made (if applicable):

Any other information/comments (if applicable):

Considering the information provided, and in my professional opinion, I recommended that:
(mark with an "X" where appropriate)

The student is ready to return to full-time studies at SU.

The student is ready to return to full-time studies at SU, but must receive the following support (list below):

The student is **NOT** ready to return to full-time studies at SU and should consider the following (list below):

I am not able to make a recommendation regarding the student's readiness to return to full-time studies at SU, for the following reason(s) (list below):

Consent was given to me by _____ **(insert full name of student)** _____ to share this information with the Readmission Appeals Committee of Stellenbosch University (RAC). Should further information regarding this information be required by the RAC, I can be contacted, as discussed with the abovementioned individual. The University also reserves the right to investigate the validity of a medical certificate and to make a final decision informed by the investigation.

By signing this document, I declare that the above information is accurate, and that the recommendation(s) made is in the best interest of the aforementioned student.

Signed by Medical / Healthcare Practitioner