[Physician or Clinic Letterhead]
[Address]
[Phone Number]
[Date]

To the Office of the Registrar and Dean of Students,
[University Name]
[University Address]

RE: Psychiatric Clearance for [Student Full Name] (DOB: [Date of Birth] / Student ID: [ID Number])

To Whom It May Concern,

I am writing this letter at the request of [Student Name] to provide a formal psychiatric evaluation and recommendation regarding their readiness to return to academic studies for the [Semester/Year] term.

I have been treating [Student Name] since [Date] for [Diagnoses, if applicable]. During our most recent evaluation on [Date of Evaluation], I conducted a comprehensive mental status examination and review of their progress. Based on this assessment, I find that [Student Name] has reached a level of clinical stability that allows them to resume their full-time academic responsibilities.

It is my professional opinion that the student is not a danger to themselves or others and is mentally prepared to function within the university environment. To support their continued success, I recommend the following accommodations/continued care plan:

- [Recommendation 1: e.g., Continued weekly therapy]
- [Recommendation 2: e.g., Medication management]
- [Recommendation 3: e.g., Reduced course load or specific testing accommodations]

I will continue to monitor [Student Name]'s progress and will provide updates as necessary. Please feel free to contact my office at [Phone Number] if you require further clarification or documentation.

Sincerely,

[Signature]

[Physician Name, MD/DO/NP]
[License Number]
[Practice Name]