

Skidmore College

Return From Medical Leave

Student Application

NAME: _____ CLASS YEAR: _____

ADVISOR: _____ DATE: _____

This form must be returned to the Office of Academic Advising by:

Wednesday, July 31, 2013 (if returning for the FALL 2013 semester). If you wish to extend your leave, please email advising@skidmore.edu. If you wish to take summer 2013 classes at Skidmore, you would need to submit the paperwork by Friday, May 3, 2013.

Fax: 518-580-5749

Please answer the following questions in detail. If you need more space to explain yourself well, attach extra pages. Please note there are questions on the back of this page, also.

1.a. Describe the circumstances that led you to request a medical leave of absence.

b. In what ways did those circumstances affect your academic and social functioning?

2. During your leave, what actions have you taken to address the issues that compromised your academic performance and well-being?

3. Please attach a specific academic plan (1-2 pages) using the enclosed guidelines. Include your weekly schedule of academic responsibilities and, if required by your clinician, your plan for any therapy you will carry out upon your return to Skidmore College.

4.a. Does your clinician require that you continue treatment or supplementary support services? If yes, please describe.

b. Have you established the necessary contacts?

Provider's name: _____

date of first appointment: _____

Provider's name _____

date of first appointment: _____

5. Are you familiar with Skidmore College's support services? ____ Yes ____ No

If yes, which of these support services are you planning to utilize?

If no, how do you plan to find out about the support services you will need?

6. Please read the following statement and sign below: "I understand that failure to meet the terms of this return from medical leave application may jeopardize my ability to remain enrolled at Skidmore."

SIGNATURE: _____ DATE: _____

Return From Medical Leave – Support Documentation
Clinician Survey

Student Name : _____ Class Year: _____

Please type and sign your reply on separate office letterhead that includes your address, state credentials, and phone and fax numbers. Providing your email address is also helpful but not required.

Use the following questions as a guide for assessing the health status of the student listed above. The student is petitioning to return to Skidmore College from a medical leave of absence.

1. Describe the circumstances and concerns that prompted your patient to seek treatment.
2. Provide a summary of his/her treatment history and the course of treatment with you.
3. Describe your patient's current functioning.
4. Is s/he prepared for the responsibilities of a full-time student in a competitive academic environment?

If you are not sure, what concerns you about his/her return to college for the upcoming semester?

If you do not think returning next semester is a good idea, why not? (If this is your opinion, describe what you consider to be necessary before your patient's return to college. Do not answer the two questions below.)

5. What are your recommendations, including academic or residential accommodations or modifications your patient needs to succeed at a competitive, residential college?

6. What are your recommendations for professional treatment or follow-up? (Include recommended duration and frequency of treatment, use of prescribed medication.)

**** Please note that Skidmore does not accept phone contacts as the sole form of treatment for students returning from medical leave.**

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Student Authorization for Release of Information
(Following Medical Leave of Absence)

I hereby authorize my clinician to write a letter in reply to the Clinician Survey and to speak with a staff member in the Office of Academic Advising, Skidmore College. *I understand that the information to be released is confidential and protected from disclosure to any individuals not involved in approving my return from leave.*

NAME OF STUDENT (PLEASE PRINT): _____

CLASS YEAR: _____

SIGNATURE: _____ DATE: _____

CLINICIAN'S NAME : _____

CLINICIAN'S ADDRESS: _____

PHONE: _____

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OAA 02/13 (reviewed the Committee on Academic Standing, Fall 2008)

ACADEMIC PLAN for RETURN FROM MEDICAL LEAVE

As you compose your academic plan for the next semester, please include your reflections on:

- Your commitments to academic life and intellectual growth, including your willingness to take advantage of Student Academic Services (SAS) resources such as tutoring, study groups, disability support, and/or weekly academic support meetings with the SAS staff.
- The demands on your time, including the ways you intend to balance your academic, social, and co-curricular interests (you might consider attaching a separate sheet or calendar page in which you outline or map out your week's activities, including the amount of time spent in class, studying, attending meetings or appointments, participating in co-curricular activities, etc.)
- If needed and/or required by your clinician, how you will use Skidmore's Counseling Center and/or Health Services
- If applicable, whether to move toward a new major field of study and why
- How and why to consult with your faculty advisor and the Office of Academic Advising.

Please type your plan (1-2 double-spaced pages) and include it with your Application to Return from Medical Leave.