

Office of Academic Advising

Phone: (518) 580-5720

Fax: (518) 580-5749

Email: advising@skidmore.edu

Name: _____ Class Year: _____ Skidmore ID#: _____

Faculty Advisor: _____ Phone: _____ Email: _____

This form along with the accompanying information and documentation, described below, must be returned to the OFFICE OF ACADEMIC ADVISING by:

Friday, July 26, 2019 (if returning for the FALL 2019 semester). If you wish to take SUMMER 2019 classes at Skidmore, you need to submit this paperwork by **Friday, May 3, 2019**. If you wish to extend your leave, please email advising@skidmore.edu.

- **On a separate sheet, please answer in detail the enclosed questionnaire.**
- **On a separate sheet, 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.**
- **Please complete the enclosed Student Authorization for Release of Information**
- **Please provide your clinician with the Clinician Survey. The Clinician Survey must be completed by your clinician on separate office letterhead that includes the clinician's address, state credentials, and phone and fax number. The Clinician Survey must be completed and returned by your clinician to the Office of Academic Advising by Friday, July 26, 2019 if returning for Fall 2019 semester, or by Friday, May 3, 2019 for students who want to take classes at Skidmore for Summer 2019.**

STUDENT AGREEMENT:

I understand that failure to meet the terms of this return from medical leave application may jeopardize my ability to remain enrolled at Skidmore.

Student Signature

Date

CAS Action: _____

RETURN FROM MEDICAL LEAVE QUESTIONNAIRE

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. a. Does your clinician require that you continue treatment or supplementary support services? If yes, please describe.
b. If follow up treatment is required, please provide the name of your established provider(s) and date of first appointment(s).
4. Are you familiar with Skidmore College's support services?
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?

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.

**RETURN FROM MEDICAL LEAVE – SUPPORT DOCUMENTATION
CLINICIAN SURVEY**

Name: _____ Class Year: _____ Skidmore ID#: _____

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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