

PAGE 1: TO BE COMPLETED BY THE STUDENT

Last Name _____ First _____ Class Year _____ Skidmore ID# _____

I am applying to return to Skidmore for the following term: Fall 20_____ Spring 20_____ Summer 20_____

The application process requires students to include an academic plan, register for courses, and provide supporting medical documentation.

When applying to return from a medical leave, the College requires a letter of support from a licensed clinician/physician to make recommendations about a student’s ability to return to college and be successful. The letter of support must be on office letterhead from a licensed clinician/physician who has treated the student for the symptoms that led to their medical leave. The provider may not be related to the student or their family. The letter must be originated, signed, and dated from a licensed mental health or medical provider.

- 1) Students must include a one-page academic plan that describes (1) their commitment to intellectual and personal growth, (2) the reasons for their course selections and how they apply to their degree, (3) majors or minors they intend to explore, (4) their ability to balance academic responsibilities with co-curricular activities and social life, (5) any ongoing medical treatment, and (6) any appropriate campus support services they intend to utilize (e.g., Counseling Center, Health Services, Writing Center, Peer Academic Coaching, etc.).**
- 2) As a demonstration of enacting their academic plan, students must be registered for the courses that they intend to take before submitting their application.**
- 3) A licensed physician/clinician must include a letter of support on office letterhead that describes (1) the circumstances and concerns that prompted medical care, (2) a summary of past, current, and planned treatment, (3) the student’s ability to be successful in a rigorous academic environment and live in a residential setting, and (4) any academic recommendations or accommodations.**

This application will not be reviewed or processed unless all requested materials have been received by the stated deadline on the Office of Academic Advising’s “Leaves of Absence” webpage. Applications will not be considered after the deadline.

Return this form to: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866
Or send via email from student’s Skidmore email account to: advising@skidmore.edu

STUDENT AGREEMENT:

I have read and agree to the policies stated on the Office of Academic Advising’s “Leaves of Absence” webpage regarding registration, housing, financial aid, and other stipulations.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Effective Date_____ CAS Approval (After Deadline) _____ Return on Probation_____ Return on Waiver_____

Status List_____ Student File_____

PAGE 2: TO BE COMPLETED BY THE STUDENT'S CLINICIAN/PHYSICIAN

The student is expected to complete Page 1 of this application. The application process requires students to include an academic plan, register for courses, and provide supporting medical documentation. Students are instructed to work closely with their clinician/physician to determine if they are ready to successfully return to Skidmore College.

Student's Last Name

Student's First Name

PART 1: EVALUATION

Based on your professional opinion, please check one of the following boxes.

- This student can function in a college environment with the ability to manage academic responsibilities, social life, selfcare, and living on campus in residential housing.
- This student can function well enough to return to Skidmore College but may benefit from a course load that is reduced or part-time (fewer than 12 credits).
- This student is not functioning well enough to return to Skidmore College at this time.
- Other, please explain: _____

PART 2: LETTER OF SUPPORT

When applying to return from a medical leave, the College requires a letter of support from a licensed clinician/physician to make recommendations about a student's ability to return to college and be successful. The letter of support must be on office letterhead from a licensed clinician/physician who has treated the student for the symptoms that led to their medical leave. The provider may not be related to the student or their family. The letter must be originated, signed, and dated from a licensed mental health or medical provider.

The letter should describe (1) the circumstances and concerns that prompted medical care, (2) a summary of past, current, and planned treatment, (3) the student's ability to be successful in a rigorous academic environment and live in a residential setting, and (4) any academic recommendations or accommodations.

Please return this signed form and your accompanying letter to Skidmore College or directly to the student.

By Mail: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866

By Email: advising@skidmore.edu **By Fax:** 518-580-5749

PART 3: SIGNATURE OF CLINICIAN/PHYSICIAN

Name of Clinician/Physician

Current State and License/Certification Number

Signature of Clinician/Physician

Date