

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

Student's Last Name

Student's First Name

PART 1: EVALUATION

The student is instructed to work closely with their clinician/physician to determine if they are ready to successfully return to Skidmore College. The student is expected to complete Page 1 of this application and provide a detailed academic plan alongside your evaluation and letter of support.

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

The College requires a letter of support on office letterhead from a licensed clinician/physician that the student has been seeking treatment from. **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 the signed form and accompanying letter to Skidmore College.

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