

REINSTATEMENT FOLLOWING MEDICAL/CONDITIONAL LEAVE

Name _____

Date _____

Address _____

Date of Leave _____

Date of Anticipated Return _____

PART 1

Please describe the events which led up to your taking a period of leave from Bard College. If possible, please indicate the passage of time between events.

In addition to identifying specific factors which you consider significant, please comment on your understanding of why these factors led to the medical/psychological leave at this time.

PART 2

Please discuss in detail the ways in which you have addressed the problems that you have described in Part 1. Please be specific, provide dates with names of therapeutic and pharmacological resources utilized, detail of time spent working, taking courses, etc.

Explain those factors which you feel are most important in this process and why. Identify individuals who may be able to comment on the progress you have made.

PART 3

Please assess the extent to which previous difficulties may affect you upon your return to Bard and how you plan to recognize and confront them.

Identify on or off campus resources you anticipate using to assist you in this endeavor.

Will you be requiring on-campus housing?

I hereby authorize the Dean=s Office and the Counseling Service of Bard College to contact the following individuals in order to solicit information regarding the progress I have made during the course of my medical/psychological leave:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Relationship _____

Relationship _____

Student Name _____

Student Signature _____

Date _____