

REINSTATEMENT FOLLOWING A HEALTH RELATED LEAVE OF ABSENCE

Deadlines: 1st July for Fall Semester, December for Spring Semester

Name _____

Date _____

Address _____

Date of Leave _____

Date of Anticipated Return _____

Contact (phone) _____

(email) _____

PART 1

In reflecting on the context in which you made the decision to take a leave, what do you think led up to that decision? In your reflection please comment on your understanding of the time frame, specific events, and the most significant factors that led to the leave at that 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 the specifics of all treatment resources utilized, details of time spent working, taking courses, etc.

Explain those factors that you feel were most important in this process and why.

PART 3

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

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

I hereby authorize the Dean's Office of Williams College to contact the health or mental health professionals who can document and comment on the progress I have made during the course of my health related leave:

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Reminder: we will require a [Health Provider Recommendation](#) from your health care professional(s) before considering your reinstatement.

Student Signature _____

Date _____

Last revised: October 2016