

**Dean of Students Office**
939 Main Street, Office 214 (Location)
950 Main Street (Mailing)
Worcester, MA 01610-1477
Phone: (508) 793-7423 Fax: (508) 793-8847

**Student Report for Return from Medical Leave of Absence**

This form is to be completed by a student who is planning to return from a leave taken for medical reasons. It should be returned by mail or fax to:

**Dean of Students Office**

**950 Main Street**

**Worcester, MA 01610-1477**

**Fax: (508) 793-8847**

*This document is important in helping us to assess the progress of your recovery and your readiness to return successfully to your academic studies at Clark University. Please take some time to think through your answers, and attach additional sheets if necessary.*

**Student Name**: Click here to enter text.

**Student Clark ID #**: Click here to enter ID number.

**Date Medical Leave Taken**: Click here to enter a date.

**Semester Planning to Return**: Click here to enter text.

**1)** **Please describe how you have spent your time since taking the medical leave**. Click here to enter text.

**2) What treatment have you engaged in during your time away, and how has it contributed to the recovery process? How often have you been seeing your medical provider? What have you learned about yourself from medical care and other experiences during your leave that will enable you to function more successfully at Clark University both personally and academically? (*Note: You will be required to give the Community Provider Report for Return from Medical Leave to your medical provider to be filled out as part of the re-entry process)***  Click here to enter text.

**3) What kind of treatment do you propose for yourself when you are back at Clark University? Have you made efforts to identify medical providers outside of the Center for Counseling and Personal Growth or Student Health Services? If so, please include their names and contact information. Are they covered by your insurance plan? *(Please note: the Center for Counseling and Personal Growth offers primarily short-term care. If you anticipate that you will require longer-term treatment, we are available to advise regarding resources in the community and assist with the referral process)*.** Click here to enter text.

**4) Tell us in your own words why you feel you are ready to return to Clark University from your medical leave:** Click here to enter text.

**5) Please indicate your plans for your successful return to Clark University. Include contacts with your academic advisors, deans, whether you have finished any outstanding incompletes. Do you have plans for your housing? Any outside activities that you will continue? Social supports? Please let us know everything about your planning process.**

**Student Name:**  Click here to enter text.

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**