**FISHER COLLEGE**

**REQUEST TO RETURN FROM A MEDICAL LEAVE OF ABSENCE FORM**

Date Request for Return Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address during leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone during leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester for which leave was approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester of Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for leaving (please check one): \_\_\_ Health Services \_\_\_Counseling Services

***Note:*** *Return from a Counseling Medical Leave of Absence is provisional. Final approval is dependent upon your receiving formal approval to return from Fisher College’s Counseling Service. One month before your return, you should have your therapist complete a “Readiness to Return Form”, and your therapist should send it to the Dean who administers the leave of absence process. At the same time, you should call the College Counseling Services office to inform them of your intention to return. Once we have received a notice from them approving your return, your provisional clearance will be made permanent. If permission to return is not granted, or if we fail to obtain formal notification of approval for return from the College Counseling Office at least one week prior to the first day of classes in your semester of return, your provisional approval will be rescinded, and you will be withdrawn from all courses for that semester****. Should this occur, any payments that have been applied will be refunded.***

Do you want to live in a Fisher College Residence Hall? \_\_\_ Yes \_\_\_No *(If Yes, contact Housing at 617-236-8828 to request instructions on how to petition to live in Fisher College housing upon your return.)*

Do you receive Financial Aid? \_\_\_Yes \_\_\_No (*If Yes, you are responsible for adhering to all application deadlines including filing for your FAFSA. You may contact a financial aid counselor at 617-236-8821 if you have any questions.)*

Are you a United States Citizen? \_\_\_ Yes \_\_\_No *(If No, contact the International Student Advisor.)*

**Please note:** If you were on Academic Probation when your Leave of Absence was approved, you will return on Probation. All letters, forms, and documents will be held confidentially.

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For office use only- do not write in this space**  Academic Standing: \_\_\_\_ Good \_\_\_\_ Academic Probation \_\_\_\_Disciplinary Action  Dean’s approval signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Distribution (please check all that apply): \_\_\_\_\_ Registrar \_\_\_\_\_ Bursar \_\_\_\_\_ Financial Aid \_\_\_\_\_Housing |