

PAGE 1: TO BE COMPLETED BY THE STUDENT

Last Name \_\_\_\_\_ First \_\_\_\_\_ Class Year \_\_\_\_\_ Skidmore ID# \_\_\_\_\_

I am applying to return to Skidmore for the following term: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

The application process requires students to include an academic plan, register for courses, and provide supporting medical documentation.

When applying to return from a medical leave, the College requires a letter of support from a licensed clinician/physician on office letterhead from a licensed clinician/physician who has treated the student for the symptoms that led to their medical leave. The provider may not be related to the student or their family. The letter must be originated, signed, and dated from a licensed mental health or medical provider.

- 1) Students must include a one-page academic plan that describes (1) their commitment to intellectual and personal growth, (2) the reasons for their course selections and how they apply to their degree, (3) majors or minors they intend to explore, (4) their ability to balance academic responsibilities with work and other activities.

This application will not be reviewed or processed unless all requested materials have been received by the stated deadline. Applications will not be considered after the deadline.

Return this form to: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866

**STUDENT AGREEMENT:**

I have read and agree to \_\_\_\_\_ regarding registration, housing, financial aid, and other stipulations.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Effective Date \_\_\_\_\_ CAS Approval (After Deadline) \_\_\_\_\_ Return on Probation \_\_\_\_\_ Return on Waiver \_\_\_\_\_  
Status List \_\_\_\_\_ Student File \_\_\_\_\_

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

The student is expected to complete Page 1 of this application. The application process requires students to include an academic plan, register for courses, and provide supporting medical documentation. Students are instructed to work closely with their clinician/physician to determine if they are ready to successfully return to Skidmore College.

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o Last Name o First Name

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PART 1: EVALUATION

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: \_\_\_\_\_
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PART 2: LETTER OF SUPPORT

When applying to return from a medical leave, the College requires a letter of support from a licensed clinician/physician on office letterhead from a licensed clinician/physician who has treated the student for the symptoms that led to their medical leave. The provider may not be related to the student or their family. The letter must be originated, signed, and dated from a licensed mental health or medical provider.

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 this signed form and your accompanying letter to Skidmore College or directly to the student.  
By Mail: Office of Academic Advising, 815 North Broadway, Skidmore College, Saratoga Springs, NY 12866  
By Email: [advising@skidmore.edu](mailto:advising@skidmore.edu) By Fax: 518-580-5749

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PART 3: SIGNATURE OF CLINICIAN/PHYSICIAN

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Name of Clinician/Physician Current State and License/Certification Number

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Signature of Clinician/Physician Date