

Below please find relevant information and forms for your attention. In order for us to determine that you have indeed addressed your medical problems, it is essential that you respond to the questions in as detailed a manner as possible.

Following our review of your submitted material, it may be necessary for us to contact you for additional information. Such follow-up may take the form of a personal interview, or a telephone interview should a personal interview be impractical, or input from interested others who have observed the progress that you have made. This may include, but is not limited to family members, physicians, administrators, faculty members from courses you may have taken while away and employers. No consultation will be made without your express written authorization.

In cases where there has been significant medical involvement or treatment, we may request that you have an advisory interview with one of the staff of the college's health center in order to inform you of options for further follow-up should you so desire, and to coordinate future treatment.

Once the required information is gathered, we will consider your request for reinstatement and inform you of our decision as soon as possible.

**REINSTATEMENT FOLLOWING MEDICAL/PHYSICAL LEAVE**

Name _____	Date _____
Address _____	Date of Leave _____
_____	Date of Anticipated Return _____
_____	Contact (phone): _____
_____	(email): _____

---

---

**PART 1**

Please describe the events which led up to your taking a period of leave from Williams 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 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 medical personnel and resources utilized, details 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 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 following individuals in order to solicit information regarding the progress I have made during the course of my medical leave:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Student Name \_\_\_\_\_

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

Date \_\_\_\_\_