PART 1

Please describe the events that 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 that you consider significant, please comment on your understanding of why these factors led to the medical/psychological 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 dates with names of therapeutic and pharmacological resources utilized, details of time spent working, taking courses, etc.

Explain those factors that you feel were 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/psychological leave:

Name ______________________________  Name ______________________________
Address ____________________________  Address ____________________________
__________________________________  __________________________________
Phone ____________________________  Phone ____________________________
Relationship ________________________  Relationship ________________________

Name ______________________________  Name ______________________________
Address ____________________________  Address ____________________________
__________________________________  __________________________________
Phone ____________________________  Phone ____________________________
Relationship ________________________  Relationship ________________________

Reminder: We will also require a psychological evaluation from your therapist before considering your reinstatement. Please have your therapist send the evaluation to Williams College Dean’s Office, PO Box 518, Williamstown, MA 01267.

Student Name _________________________________________________
Student Signature ______________________________________________
Date ________________________________________________________