

READMISSION AFTER MEDICAL LEAVE OF ABSENCE
STUDENT QUESTIONNAIRE

Student name: (please print) _____

Student ID number: _____ Date of Birth: _____

Mailing address: _____

Phone number _____ Email address _____

Semester of withdrawal from Boston Colleg7

HEALTHCARE PROVIDER REPORT

This completed form must be received directly from the Healthcare Provider no later than four weeks prior to the

Please check the following activities of which you believe the student is presently capable:

- Attend a lecture of up to 3 hours in length
- Spend hours in study, maintain concentration, and grasp complex material
- Organize and write papers
- Balance academic demands with extracurricular activities
- Manage social relationships
- Manage daily living skills (hygiene, adherence to medication regimen, share community living space, respect for reasonable needs of others) so as to live independently in residential housing
- Manage behaviors such as self-regulation, calming self

What changes have you noticed that demonstrate the student has increased ability to manage stress and cope with life demands? _____

What specific plans regarding the prevention of relapse or recurrence of similar problems have you and the student discussed? _____

To your knowledge, are the parents and/or legal guardian of the student aware of the problem(s) for which you have provided treatment? Yes No N/A

During the student's time at Boston College, has s/he demonstrated the ability to function autonomously in a job, volunteer position, college course, or other position which is supervised and evaluated or graded?

Yes No

If Yes, please describe: _____

In consideration of all of the information provided in this document, do you recommend that this individual return to full time student status at Boston College in the semester for which he or she is applying?

Yes No Please feel free to attach further explanation for your answer as needed.

If you have any additional information, comments or concerns which you believe should be considered in