

Bryn Mawr College RE-6( Co)0.0Tc I Dt7e Ryou \_\_\_\_ I have received treatment while on

\_\_\_\_ I have not received treatment while on leave. I understand that someone from Health and/or Counseling Services may reach out to me to offer support or guidance around my readiness to return.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Student name printed

\_\_\_\_\_  
Date

To my treatment provider,

I am currently on a medical or psychological leave of absence from Bryn Mawr College. I left Bryn Mawr on \_\_\_\_\_ (month / date / year) to engage in appropriate treatment

Bryn Mawr has two re-enrollment cycles, one for students applying to return in the fall with a deadline of May 1, and another for students applying to return in the spring with a deadline of November 1.

I am now applying for permission to return to Bryn Mawr and my application is due on \_\_\_\_\_ (date / month / year). As part of the re-enrollment process, I am asking you to complete this form as thoroughly and truthfully as possible and send it to the re-enrollment committee so that they may evaluate my readiness to return

Sincerely,

\_\_\_\_\_  
Student signature

\_\_\_\_\_





Has the student terminated treatment with you or your program? yes / no

If yes, was the termination mutual and planned? yes / no

If yes, please describe the discharge plan. If no, please explain further

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2) Assessment:

Have you observed substantial amelioration of the student's health/psychological condition? yes/ no

If yes, check all of the following in which you have observed a marked improvement in this student:

~~( 5.7-473.0α ( 3 ) 36 ( 343 ) 00 ( 437 ) 0 ( 94 )~~

3) Recommendation regarding return at this time:

In your professional judgment, is the student healthy enough to return to Bryn Mawr's residential academic community and its rigorous fulltime course of study for the upcoming semester? What do you see as the pros and cons of the student returning at this time?

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4) Recommendations regarding treatment upon return

If you recommend the student return for the upcoming semester, what are your recommendations for continuing support and care once they return to Bryn Mawr?

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Additional information: \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ 2 \_\_\_\_\_ 2 \_\_\_\_\_