

**WELLESLEY COLLEGE**  
**Medical/Psychological Leave of Absence**  
**Clearance Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Class: \_\_\_\_\_

**Cleared by:**

**Counseling Service: (for psychiatric conditional leave)**

\_\_\_\_\_  
Clinician (print name)

\_\_\_\_\_  
Signature of Clinician

**Health Service: (for medical conditional leave)**

\_\_\_\_\_  
Clinician (print name)

\_\_\_\_\_  
Signature of Clinician

**Copies: Originating Office; Class Dean**