

WELLESLEY COLLEGE
Medical/Psychological Leave of Absence
Implementation Form

Name: _____ Date: _____

Dean: _____ Class: _____

Type of leave: _____ Starting date: _____

Conditions of the leave: _____

Placed on leave by:

Clinician (print name)

Signature of Clinician

Clinician (print name)

Signature of Clinician

Clearance Required by: (check one)

Counseling Service: _____

Health Service: _____

Copies: Originating Office; Class Dean