Request to Return form (to be completed by student)

Calvin University

*This form will be reviewed by Calvin staff involved in the Health Leave process upon submission, with information shared between staff members only on a need-to-know basis. Questions about the confidentiality of the form can be directed to the Dean of Students office (*[*deanofstudents@calvin.edu*](mailto:deanofstudents@calvin.edu)*).*

**Student instructions**

Calvin University wants to ensure that students can successfully return from a Health Leave of Absence (either voluntary or involuntary). To support this process, students who wish to return must demonstrate they are able to safely resume their program and will not be disruptive to the community (with or without reasonable accommodations arranged through the office of Disability Services). Completion of the student’s Health Leave Plan will be considered in evaluating readiness to return.

You can initiate a return from Health Leave by following these three steps:

1. complete this Request to Return student form online (available at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>) or download this Word Doc version and submit it via one of the following methods:
   * email attachment – [deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu)
   * fax – 616-469-2979 (c/o Director, Center for Counseling and Wellness)
   * in-person – Dean of Students, Student Life Office (Spoelhof Center 364), Calvin University, 3201 Burton St SE, Grand Rapids, MI 49546
2. request that all current treatment providers (medical and/or mental health) complete the Request to Return provider form (available at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>), following any instructions their offices provide regarding consent to release information
3. request a meeting with the Dean of Students ([deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu))

All information submitted via this Request to Return student form will be reviewed by University personnel (Dean of Students, Chair of CARE Team, or another designated representative) for review, and further information may be requested to determine whether the issues that previously established criteria for a Health Leave have been sufficiently addressed. The Dean of Students will notify the student in writing of the decision regarding return to the university. Students not permitted to return may appeal the decision to the Vice President for Student Life.

Students approved to return from Health Leave will subsequently [complete a readmission application through the Admissions Office](https://calvin.edu/admissions/apply/previously-admitted-students/) and also work with the Dean of Students to develop a supportive return plan. A Leave Coordinator will be available to help coordinate a successful return.

The full Health Leave of Absence Policy for Calvin University can be found at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>.

Request to Return form (to be completed by student)

Calvin University

**Contact information**

**Student name (first & last):**

**Date of birth:**

**Student ID number:**

**Current email address:**

**Phone number:**

**Current address:**

**Current year (ex. sophomore, junior,…):**

**Current job or internship, if applicable:**

**Demographic information**

**Gender:**

**Please check each item that describes you:**

* International student
* First-generation college student
* Transfer student
* LGBTQ+
* Student athlete
* ROTC
* Involved in club/organization(s)

**Racial/ethnic background:**

* Black / African-American
* Native American or Alaskan Native
* Asian / Asian-American
* Hispanic / Latino/a
* Native Hawaiian / Pacific Islander
* Middle Eastern or North African
* Multi-racial
* White
* Prefer not to answer
* Self-identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Leave request**

**Which semester did you begin Health Leave?**

**Which semester are you requesting to return?**

**Please provide thoughtful, reflective personal responses to the following questions. There is no length requirement for your response. It is important that you share all information you believe is necessary for us to gain a complete understanding of your wellness and readiness to return to Calvin.**

1. **What were your reasons for taking a Health Leave from Calvin?**
2. **What did you do while on leave? Please address the specific plans set out in your Health Leave Plan prior to your leave.**
3. **How did your leave allow you to address your health concerns?**
4. **What changes do you plan to implement (as compared to prior to your leave) that will allow for a successful and safe return to the Calvin community and your academic program?**
5. **What resources, at Calvin and elsewhere, do you plan to connect with to facilitate your successful return? What specific steps have you taken toward that plan?**

**Treatment & Supports**

**Treatment Provider(s)** – *Please list information pertaining to any healthcare professional(s) who provided care for you during Health Leave.*

**Provider Name 1:**

Type of provider (ex. counselor, psychiatrist, doctor):

Practice/organization name:

Mailing address:

Email address:

Phone number:

**Provider Name 2:**

Type of provider (ex. counselor, psychiatrist, doctor):

Practice/organization name:

Mailing address:

Email address:

Phone number:

**Provider Name 3:**

Type of provider (ex. counselor, psychiatrist, doctor):

Practice/organization name:

Mailing address:

Email address:

Phone number:

**Support System** - *Please identify at least one person who served as a primary support system for you during your leave.*

**Support Name 1:**

Relationship:

Address:

Phone number:

Email address:

**Support Name 2:**

Relationship:

Address:

Phone number:

Email address:

**Support Name 3:**

Relationship:

Address:

Phone number:

Email address:

* **Do you provide permission for your Health Leave coordinator to contact these support people regarding your Leave?**
* Yes
* No

**Signature & Submission**

**Please sign** to indicate your understanding of the following statements:

* I understand that this form is not confirmation that a return from Health Leave has been approved, but a request that will be reviewed by Calvin personnel.
* I understand that the Dean of Students and other university personnel will only share the minimum details about my medical condition as necessary to facilitate my possible return from Health Leave or to protect the university community’s health, safety, or educational interests.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Submit this form** via one of the following methods:

* email attachment – [deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu)
* fax – 616-469-2979 (c/o Director, Center for Counseling and Wellness)
* in-person – Dean of Students, Student Life Office (Spoelhof University Center 364), Calvin University, 3201 Burton St SE, Grand Rapids, MI 49546

**Next Steps**

Thank you for submitting your Request to Return student form. If you haven’t done so already, please complete the following two steps:

1. request that all current treatment providers complete the Request to Return provider form (available online at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>), following any instructions their offices provide regarding consent to release information
2. request a meeting with the Dean of Students office ([deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu)) to discuss next steps in your request for return from Health Leave

If you have any questions or concerns about the process, you are welcome to contact your Leave Coordinator or one of the following offices directly:

* [Dean of Students](https://calvin.edu/offices-services/student-life/department-leadership.html) ([deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu))
* [Center for Student Success/CARE Team](https://calvin.edu/offices-services/center-for-student-success/index.html) ([successcenter@calvin.edu](mailto:successcenter@calvin.edu))

You may also wish to gather information and connect with staff from pertinent offices below as you consider what a supportive return plan might look like for you moving forward:

* [Athletic Department](https://calvin.edu/athletics/)
* [Center for Counseling and Wellness](https://calvin.edu/offices-services/counseling-and-wellness/index.html)
* [Center for Student Success](https://calvin.edu/offices-services/center-for-student-success/index.html) (including the Registrar & Disability Services)
* [Financial Aid Office](https://calvin.edu/offices-services/financial-aid/)
* [Health Services](https://calvin.edu/offices-services/health-services/?dotcmsredir=1)
* [International Admissions](https://calvin.edu/admissions/internationals/)
* [Major Department/Academic Advisor](https://calvin.edu/academics/majors-programs/)
* [Residence Life](https://calvin.edu/offices-services/residence-life/?_ga=2.2464825.863369001.1626716783-946745477.1580835896)
* [Safer Spaces](https://calvin.edu/offices-services/safer-spaces/?dotcmsredir=1)
* [Student Employment](https://calvin.edu/offices-services/career-center/student-employment/)