Request to Leave 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**

A Voluntary Health Leave of Absence is a voluntary and temporary leave from Calvin University that is available when the physical or mental health needs of a student interfere with the student’s ability to function successfully within the programs of Calvin University. Students are encouraged to prioritize their health and safety and take steps toward recovery, even if academic progress must be delayed, and to use any time away from Calvin to focus on treatment and recovery.

You can initiate a request for Health Leave by completing this Request to Leave student form online (available at <https://calvin.edu/directory/policies/health-leave-of-absence-return-policy>) or by downloading this Word Doc version and submitting 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

You may also choose to initiate a Health Leave by contacting one of the following offices directly:

* [Dean of Students](https://calvin.edu/offices-services/student-life/dean-of-students.html?dotcmsredir=1) ([deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu))
* [Center for Student Success/CARE Team](https://calvin.edu/offices-services/center-for-student-success/contact-us/) ([successcenter@calvin.edu](mailto:successcenter@calvin.edu))

All information submitted via this Request to Leave student form will be reviewed by university personnel (Dean of Students, Chair of CARE Team, or another designated representative) for follow-up and support, including the collaborative creation of a Health Leave Plan to support preparation for a successful return to Calvin. Students will be assigned a Leave Coordinator to provide support through the Health Leave process.

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 Leave form (to be completed by student)

Calvin University

**Contact information**

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

**Date of birth:**

**Student ID number:**

**Calvin email address:**

**Other (personal) email address:**

**Phone number:**

**Current address:**

**Academic, employment & housing information**

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

**Major/Program:**

**Academic Advisor:**

**Job or internship, if applicable:**

**Do you currently live in on-campus housing?**

* Yes
* No

**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**

**For which semester are you requesting Health Leave?**

**For which semester do you hope to return?**

**Please provide a brief description of the reason for your request, including how your health issues have had an impact on you (ex. academic standing, class participation, class attendance, social engagement, etc.).**

**Has your health situation required hospitalization(s) or ER visits? If so, please list all hospitals and dates here:**

**Where do you intend to reside while on leave?**

**How will your leave improve your health and contribute to your successful return to Calvin University?**

**Indicate any activities you plan to participate in while on leave (i.e. treatment, job/internship, coursework).**

**Are there any factors that might prevent you from coming back to Calvin?**

* Student Conduct (open cases or incomplete sanctions)
* Title IX/Safer Spaces (open cases)
* Academic Probation concerns
* Financial issues
* Holds
* Incompletes from previous semesters
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment & Supports**

**Treatment Provider(s)** - *If you know the healthcare professional(s) who will coordinate and provide your care during the leave, please list their information here.*

**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 will likely serve as your primary support system 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:

* **Might your Health Leave coordinator contact these support people during your leave?**
* Yes
* No

**Are you connected with the Center for Counseling and Wellness and/or an off-campus mental health provider? If so, who is your primary counselor?**

**Are you connected with Health Services and/or an off-campus medical provider? If so, who is your primary provider?**

**Do you receive any form of Financial Aid, including loans?:**

* Yes
* No

**Next Steps**

**Please identify at least five steps that you plan to take in order to set up a successful health leave.** *Examples might include medical/mental health treatment, completion of a low-intensity college course, engagement with healthy habits (such as sleeping and eating routines), spiritual retreat, and consultation with personal advisors.*

1.

2.

3.

4.

5.

**Signature & Submission**

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

* I understand that this form is not confirmation that a Voluntary Health Leave of Absence is now in place, but a request form that will be reviewed for approval.
* 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 Health Leave or to protect the university community’s health, safety, or educational interests.
* I understand that if I take a Health Leave of Absence and wish to apply for readmission in the future, that I must demonstrate that I am able to safely resume my academic program and not be disruptive to the community. The Dean of Students (in coordination with my leave coordinator) will help me through the return process when I feel I am ready to return and wish to initiate that process.

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

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

If you haven’t done so already, please **schedule a meeting** with the Dean of Students ([deanofstudents@calvin.edu](mailto:deanofstudents@calvin.edu)) in order to discuss your request for Health Leave and collaboratively create a Health Leave Plan.

Calvin’s online [Health Leave of Absence & Return Policy website](https://calvin.edu/directory/policies/health-leave-of-absence-return-policy) includes a list of resources that can help you make the most of your time away, building on the recommendations of your healthcare provider(s) – a helpful reference as you create your Health Leave Plan. If you have any questions at this point in the process, please contact one of the following offices:

* [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/contact-us/) ([successcenter@calvin.edu](mailto:successcenter@calvin.edu))

**Thank you!**