



**HAMPDEN-
SYDNEY
COLLEGE**

**Reenrollment
Application**

Physical/Mental Health Re-entry Form

INSTRUCTIONS TO THE STUDENT:

Please type or print your name and address, sign the release form statement below, and give this form (along with an envelope addressed to the Office of Student Affairs, c/o Reenrollment Committee, P. O. Box 5, Hampden-Sydney, Virginia 23943) to the clinician. Your application cannot be evaluated until this form is on file at Hampden-Sydney College.

Name _____
LAST FIRST MIDDLE JR, III, ETC.

Address _____
STREET CITY STATE ZIP CODE

RELEASE FORM

I have applied for reenrollment to Hampden-Sydney College and ask that you release the information requested below.

Student Signature _____ Date _____

INSTRUCTIONS TO THE CLINICIAN:

Please provide a letter that addresses the following information about the student, and return this form and letter to the Office of Student Affairs, c/o Reenrollment Committee, P.O. Box 5, Hampden-Sydney, VA 23943, at your earliest convenience.

FOR REENROLLMENT AFTER A PHYSICAL WITHDRAWAL, PLEASE COMMENT ON

- the student's current physical health
- whether or not you are able to recommend return to college student activities
- the date the student is able to physically resume student activities
- any limitations the student is likely to experience

FOR REENROLLMENT AFTER A MENTAL HEALTH WITHDRAWAL, PLEASE COMMENT ON

- the student's current mental health
- the type of therapy/services the student engaged in with you
- the dates of services
- a statement of the student's readiness to resume student activities
- your recommendation for ongoing services, if needed, and how the student will attempt to follow this recommendation

TREATING CLINICIAN NAME AND CREDENTIALS:
