

Boston University Student Health Services
881 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-3569 F 617-353-1128
www.bu.edu/shs



Student Report for Return from Medical Leave

This form is to be completed by a student who is planning to return from a leave taken for medical reasons. It should be returned by mail or fax to:

Mitzi Kane, Care Coordinator for Behavioral Medicine
Boston University Student Health Services
881 Commonwealth Ave. West
Boston, MA 02215
Fax: 617 353 1128

Student's Name: _____ Date of Birth: _____
BU ID # _____
Date leave taken: _____
Semester Planning to Return: _____

Tell us in your own words why you feel you are ready to return to Boston University:

Please indicate your plans (including treatment plans) you have set up to support your successful return to Boston University. *Please note: BU Student Health Services offers primarily short term care. If you anticipate that you will require longer term treatment, we are available to advise regarding resources in the community and assist with the referral process.*

Student's Signature

Date