

# Return to Study Health Provider Declaration



McGill

OASIS

Office of Advising and  
Student Information Services (Arts)

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Intended Term for Resumption of Studies (eg. Fall 2024): \_\_\_\_\_

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**Resumption of studies:** Students in the Faculty of Arts who have experienced an interruption or disruption in their studies of one or more academic terms due to reasons of physical or mental health must provide a completed 'Return to Study Health Provider Declaration' form, signed by their Healthcare/Mental Healthcare Provider, indicating that they are capable of resuming their studies.

The completed and signed form must be sent to the [ARTS Oasis Service Desk Portal](#), with the subject line: \*READMISSION DOCUMENT – MED NOTE - <YOUR NAME AND MCGILL ID NUMBER>\*

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## TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

License/Permit no. (where applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Declaration of Healthcare/Mental Healthcare Provider:

By signing below, I confirm that I have examined \_\_\_\_\_ on \_\_\_\_\_.

PATIENT'S NAME DATE

I certify that, based on my estimation, this individual is reasonably able to resume their studies at of the abovementioned term at McGill University in the Faculty of Arts.

As an example, in the case of challenges with mental health, some key indicators of wellness that that one would need to demonstrate would be:

- Sound organizational competencies (time management, etc.)
- Sustained emotional stability
- Sound social and interpersonal functionality

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_