Health Services

Procedure for Re-enrollment from a Medical Leave of Absence

A student requesting re-enrollment from a Medical Leave of Absence for physical reasons should:

- Have the attending physician complete the Treating Doctor's Re-enrollment Questionnaire (see attached) no sooner than July 15th for the fall semester or December 15th for the spring semester.
- Call Adrienne Belluscio, RN, BC, Administrative Director of Health Services at (914) 251-6385
- Schedule an appointment with the Office of Residence Life at (914) 251-6320 (only if requesting campus housing)

Based on these interviews, appropriate information directly affecting the student's ability to function in a student status will be communicated to the Office of the Vice President for Student Affairs, who will make determination regarding re-enrollment.

Adrienne Belluscio, RN, BC Administrative Director of Health Services

Release of Information

I am applying for permission to re-enroll in Purchase College, SUNY, following a medical leave of absence, and, hereby give permission for Adrienne Belluscio, RN, BC, Administrative Director of Health Services, to provide information to the Office of the Vice President for Student Affairs and the Office of Residence Life (the latter ONLY if I am requesting on-campus housing). I understand that if I am requesting campus housing, I must also schedule an appointment with the Office of Residence Life. I understand that the Vice President for Student Affairs will make the decision about re-enrollment.

Student's Name (please print):	
Student's Signature:	
Date:	

Treating Physician's Re-enrollment Questionnaire

Name of Student			Date	
CID Number	_			
Initial presenting concerns:				
Dates of Treatment:	From	to		
Diagnosis:				
Please describe nature of treatm	ent:			
Medication(s) and dates:				
Date of last contact with studen	t:			
Current clinical status:				
Future treatment plans (specify	community refer	rals, if appropriate):		

Probability of a relapse:		
Ability to function academically (e.g. can stud	lent carry a full course load?):	
Ability to function independently of family:		
If the student has been on a medical leave, has volunteer position, college courses, or other po-		
Ability to function in a Residence Hall environ	nment:	
Ability to live with a roommate:		
Name of Treating Physician (please print)	 Signature	
	Signature	
Street Address	Telephone Number	
City State Zip		