



Counseling Center  
735 Anderson Hill Road  
Purchase, New York 10577-1402

Tel: (914) 251-6390  
Fax: (914) 251-6399

Counseling Center

## **Procedure for Re-enrollment from a Medical Leave of Absence (MLOA)**

Treatment is a requirement for a MLOA. A student desiring to be readmitted from a MLOA for psychological reasons should complete the enclosed forms **no sooner than April 15<sup>th</sup> for summer, July 15<sup>th</sup> for fall, and December 15<sup>th</sup> for spring re-enrollments.**

- **Release of Information** form gives your provider permission to share information regarding your treatment to an evaluating clinical staff member at the Counseling Center.
- **The Application for Re-enrollment**, which should be completed by the treating provider, is self-explanatory.

**After the Counseling Center receives these two forms, the student should call (914) 251-6390 to schedule an appointment with a Counseling Center Clinician for a re-enrollment interview.**

At that re-enrollment interview, the Counseling Center clinician will discuss the evaluation process. Forms completed by the independent treatment provider will not be shared with anyone outside the Purchase College Counseling Center, but a summary of the provider's information is necessary in order to determine readiness to return.

**Students requesting on-campus housing should also schedule an appointment with The Office of Community Engagement for the same day by calling (914)251-6320 or (914) 251-7040, or by emailing [ceg@purchase.edu](mailto:ceg@purchase.edu).**

Please note that campus housing is limited and is not guaranteed for students returning from Medical Leaves of Absence. Therefore, it is in your best interest to complete your reentry assessments soon after the re-enrollment date above. Although students returning from medical leaves are prioritized for housing, there is no guarantee that housing will be provided. Students returning from leave should explore off-campus options in case campus housing is unavailable. Please contact The Office of Community Engagement at (914) 251-6320 for specific information related to on-campus housing.

Based on your Counseling Center and Community Engagement interviews, recommendations will be provided to the Office of Student Affairs where the final decision regarding a student's re-enrollment will be made.

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**Application for Re-enrollment Following Medical Leave**

**Consent for Exchange of Information**

I am applying for permission to re-enroll at Purchase College, State University of New York, following a medical leave of absence and/or hospitalization. I hereby give permission for the treatment provider listed below to share information with the Director and/or Counseling Center clinical staff at Purchase College, SUNY.

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Agency/Address

\_\_\_\_\_  
Provider's Phone

\_\_\_\_\_  
FAX

I understand that if I request campus housing, I must also schedule an appointment with the Office of Community Engagement.

**I am \_\_\_\_\_ am not \_\_\_\_\_ interested in on-campus housing if I am readmitted.**

I understand that the decision about re-enrollment will be made by the Associate Dean of Student Affairs, or designee. The outcome will be emailed to me on my Purchase College email account.

I understand that if I am cleared for a Return from MLOA, and choose not to enroll for the subsequent semester, I must notify the Counseling Center prior to the start of the upcoming semester, and I will be granted an extension on my MLOA, if applicable, and must then repeat the Re-Enrollment process prior to return.

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Treating Provider's Re-Enrollment Questionnaire

**Instructions:** This form is to be completed only by the treating psychiatrist, licensed psychologist, licensed social worker, licensed mental health counselor or licensed psychiatric nurse practitioner. If a student seeks an evaluation from a community mental health clinic or has been in a psychiatric hospital, other personnel on the treatment team may help complete this questionnaire. However, **it must be signed by a psychiatrist, licensed psychologist, licensed social worker, licensed mental health counselor, or licensed psychiatric nurse practitioner.** The evaluation on which this form is based **must** consist of a minimum of four sessions.

**Purchase College Counseling Center:** The Counseling Center serves a large number of students. Therefore, we provide only brief treatment. Students requiring long-term psychotherapy or psychiatric care are referred to resources in the community. **In almost every instance where a student has been hospitalized, it is inappropriate to refer that student to the Counseling Center, and an immediate referral for aftercare to the community should be made by the treatment professionals.** Please feel free to consult with the Clinical Director of the Counseling Center (914) 251-6390.

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\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Student's current phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
PC ID#

Semester/Year at time of MLOA: Fall [ ] Spring [ ] Summer [ ] \_\_\_\_\_  
Year

Semester/Year planned for return: Fall [ ] Spring [ ] Summer [ ] \_\_\_\_\_  
Year

Reason for MLOA: \_\_\_\_\_

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### A. Provider's Treatment of Student

1. Psychiatric [ ] psychological [ ] Alcohol/Drug [ ] Other [ ] (please specify): \_\_\_\_\_

2. Dates seen since MLOA: \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_

3. Total number of sessions/appointments: \_\_\_\_\_

4. Diagnosis: \_\_\_\_\_

5. Current medications: \_\_\_\_\_

6. Current Clinical Status: \_\_\_\_\_

7. Requires: Long term care [ ] Psychiatric monitoring [ ]  
Recommended frequency of above: \_\_\_\_\_

Periodic follow-up [ ] Counseling as needed [ ] other [ ]

8. Prognosis: Excellent [ ] Good [ ] Fair [ ] Frequency: \_\_\_\_\_

Probability of Relapse: \_\_\_\_\_

9. Student will continue with this provider: Yes [ ] Frequency: \_\_\_\_\_  
No [ ]

10. If no, what is the disposition plan? (include community or other referrals)  
\_\_\_\_\_

**B. Assessment of the Student's Readiness to Return to Purchase College**

1. Ability to function independently of family: \_\_\_\_\_

2. Has the student demonstrated the ability to function autonomously in a job, volunteer position, college course, or other position which is supervised, evaluated, or graded? Yes [ ] No [ ] Describe: \_\_\_\_\_

3. Able to function appropriately in a residence hall or shared living space?  
\_\_\_\_\_

4. Able to function appropriately with regard to production and completion of academic work?  
\_\_\_\_\_

5. Please specify the reasons why you believe the student's presenting condition that initiated the MLOA, has been effectively managed, so that this student is ready to resume instruction at Purchase College.  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you believe that this student is currently a danger to him/herself?  
Yes [ ] No [ ] Please explain:

7. Do you believe that this student is currently a danger to others?  
Yes [ ] No [ ] Please explain:

Based on the above documentation, it is my professional opinion that the student is clinically stable and is able to reenter Purchase College to resume academic instruction at this time.

Yes [ ] No [ ]

**Printed Name and Degree of Provider:**

\_\_\_\_\_

**Signature of Provider:** \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

***\*\*Please forward this completed original to the Counseling Center at the address above. This form will not be accepted if hand delivered by the student.***