Purchase College
STATE UNIVERSITY OF NEW YORK

Health Services

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 Community Engagement 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

www.purchase.edu
(914) 251-6380
(914) 251-6388 fax
735 Anderson Hill Road
Purchase, New York
10577-1402

Purchase College
STATE UNIVERSITY OF NEW YORK

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 Community Engagement (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 Community Engagement. 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

www.purchase.edu
(914) 251-6380
(914) 251-6388 fax

735 Anderson Hill Road
Purchase, New York
10577-1402

Purchase College
STATE UNIVERSITY OF NEW YORK

Health Services

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 treatment:

_____

_____

_____

Medication(s) and dates:

_____

_____

www.purchase.edu
(914) 251-6380
(914) 251-6388 fax

735 Anderson Hill Road
Purchase, New York
10577-1402

Date of last contact with student: _____

Current clinical status: _____

Future treatment plans (specify community referrals, if appropriate):

_____

_____

_____

Probability of a relapse: _____

Ability to function academically (e.g. can student carry a full course load?):

_____

_____

Ability to function independently of family:

_____

If the student has been on a medical leave, has he/she demonstrated the ability to function autonomously in a job, volunteer position, college courses, or other position which is supervised and evaluated or graded?

_____

_____

Ability to function in a Residence Hall environment:

_____

_____

Ability to live with a roommate:

_____

_____

_____ _____

Name of Treating Physician (please print) Signature

_____ _____

Street Address Telephone Number

_____

City State Zip