



Petition to Re-Enroll Following Medical Leave

To complete a request for re-enrollment following medical leave, please

1. Submit this completed form to the Director of Counseling, Health, and Wellness Services (CHWS) via:
 - In-person at Wheelock Student Center 216
 - Confidential Fax: 253.879.3766
 - Confidential Email: chws@pugetsound.edu, or
 - Mail: 1500 N. Warner CMB 1035 / Tacoma, WA 98416
2. Have your health care provider submit the Health Care Provider Input form to the Director of CHWS.

Student's First & Last Name:	UPSID:
University email address: <i>Correspondence about this process, including notice of approval, will be communicated via university email.</i>	
Telephone Number(s):	

If more space is needed, you may attach your numbered answers in a separate document.

ACADEMIC INFORMATION

Term (fall, spring, summer) and year you request to re-enroll:
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What is your academic plan for your first semester after re-enrollment? (Include courses you hope to take, academic resources you plan to utilize, etc.)

What are your intended living arrangements for at least your first semester back?

HEALTH CARE INFORMATION

Please describe why you are now prepared to re-enroll at the University of Puget Sound.

Please describe the ways you have demonstrated your capacity to sustain good health over an extended period of time.

How will you will maintain your health after re-enrollment?
Please identify the local and/or campus resources you will utilize, if applicable.

I authorize staff in Counseling, Health, and Wellness Services ("CHWS") to share relevant information and a recommendation for the outcome of this petition with the offices and committees responsible for approving this petition and facilitating my return.

Student's Signature

Date:

Questions about this process can be directed to the Office of the Dean of Students, WSC 208, 253.879.3360.



Health Care Provider Input Form

Student: Please complete the first section and give this form to your health care provider.

Student's First & Last Name:	UPSID:
Health Care Provider's Name:	
<i>I authorize the health care provider named above to respond to the following questions in support of my petition to re-enroll at the University of Puget Sound following my medical leave. I further authorize staff in Counseling, Health, and Wellness Services ("CHWS") to share relevant information and a recommendation for the outcome of this petition with the offices and committees responsible for approving this petition and facilitating my return.</i>	
Student's Signature:	Date:

Provider: While on medical leave from the University of Puget Sound, students are expected to follow the treatment recommendations of their health care provider(s). Until students have their Petition to Re-Enroll Following Medical Leave approved, they will be ineligible to register for courses.

Your thoughtful responses on the form below will assist the Director of Counseling, Health and Wellness Services ("Director") in evaluating the petition and providing a recommendation that best serves the student and the university. **Please answer all of the questions on the form, indicating "N/A" if not applicable.**

The Director or their designee may call you to discuss the student's condition(s) and your treatment recommendations. Please be sure to provide a **telephone number** below.

Provider's Name, credential, and specialty area:	
Telephone Number(s):	Email:
License Number:	

If more space is needed, you may attach your numbered answers in a separate document.

1. Date of first visit or session:	
2. Date of most recent visit or session:	
3. Total number of visits or sessions:	

4. Initial diagnosis / presenting signs and symptoms at start of treatment, after the student left Puget Sound:

5. Type of treatment provided and clinical response:

6. Medications used in treatment (Please attach a separate document if necessary):

Medication name	Date first prescribed	Current dosage	Date of last dosage adjustment

7. Please describe observed improvement in condition/symptoms:

8. How long have these improvements been maintained?

9. At this time, do you endorse the student's return to the University of Puget Sound?

_____Yes _____No

If yes:

_____Full time _____Part time

Please explain:

10. If you endorse return now, what medications and services do you recommend – either immediately or in the longer term – to meet the demands of a rigorous class schedule and student life?

Provider's Signature:

Date:

Note: The student referenced in this form will have access to the information contained herein.

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If you have questions, please contact the Director of Counseling, Health, and Wellness Services at 253-879-1555.