

Schiffert Health Center Academic Relief Guidelines

REQUESTS FOR ACADEMIC RELIEF

PLEASE READ CAREFULLY

- The Medical Review Advisory Committee reviews requests for academic relief. **For Course Drops: "W" grades WILL NOT be considered.**
- Students **must have documentation** showing a **significant medical problem** that **substantially interfered** with their ability to meet their academic responsibilities. Only the Dean has the final authority in granting academic relief.
- Once an academic relief recommendation has been made during a semester, additional recommendations **will not** be considered unless a newly documented illness has occurred.
- Extended illness with evidence of medical treatment on or off campus, essential surgery, periods of hospitalization for medical treatment, injuries requiring extended treatment with related treatment by a physician may qualify for a recommendation for academic relief.
- It is understood that students may be involved in many situations that are stressful and distracting that interfere with studying and other academic responsibilities. However, it is not within the authority of the committee to make recommendations for academic relief based on extenuating circumstances (i.e. death of a family member or their illness) which may or may not be beyond the student's control.
- **In most circumstances, recommendations for retroactive course drops or withdrawals are not considered.** For circumstances where the student was hospitalized or otherwise disabled at the time when this decision would have been made, the student's case will be reviewed at the request of their Academic Dean. **Retroactive requests WILL NOT be considered beyond the past calendar year.** Thorough and complete medical documentation will be required.

If the student qualifies for academic relief, a recommendation letter will be written to the student's Dean. The committee may offer suggestions as to what action the Dean might take such as dropping a course, being allowed to take incompletes, delaying exams or in some cases withdrawing from school for medical reasons. **Withdrawal from the University for medical reasons requires a hold on readmission until the student provides a letter of recommendation from the treating professional supporting the student's return to the University.**

The committee will review your medical record at the Schiffert Health Center. Other documentation from off campus physicians should be provided to the committee for consideration **prior** to the committee meeting. You may be contacted by the committee to clarify information in your request or to consider other alternatives. Notification will be sent by email to the student of the committee's decision. Students must pick up letters of recommendation and submit it to their Dean for processing



Schiffert Health Center Academic Relief Request Form

This form should be returned to Room 122A (Medical Records) McComas Hall.

Date: _____

1. Name: _____ ID#: _____

2. Campus Address: _____ Permanent Address: _____

3. Telephone#: _____ Work#: _____ Email: _____

4. College: _____ Class Year: ___ FR ___ SO ___ JR ___ SR ___ GRAD

5. Overall GPA: _____ Previous Semester GPA: _____

6. How many classes have you missed this semester because of an illness? _____

7. Number of visits to Schiffert Health Center this semester? _____ Other health care facilities? _____

Do you have documentation to submit? _____

8. Have you been hospitalized this semester? (If so, where and why?) _____

9. Are you also requesting academic relief through Services for Students with Disabilities (SSD) and/or Cook Counseling

Center (CCC)? ___ Yes ___ No If yes, which one(s)? _____

10. Is this the first time you have applied for academic relief? ___ Yes ___ No

If no, what other semester(s) have you applied for academic relief? _____

(If you have applied for relief for 3 consecutive semesters, you must make an appointment with the Medical Review Advisory Committee.)

11. Describe the illness and how it has impacted your academic performance. (Submit separate sheet if more space needed.)



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12. What strategies did you use to resolve the problem? (i.e. Workshops, study groups, etc.)

13. What are you doing now to improve your academic success?

14. What are your academic goals and how do you plan to meet them?

15. What type of academic relief are you requesting? (Check all that apply.)

- Medical Withdrawals (**Medical withdrawals require a hold of re-admission pending evidence of treatment.**)
- Incompletes (**Incompletes must be approved by your instructor and requests for an incomplete must be made prior to the last day of classes for the semester in which the class is being taken).**)
- Course drops Additional Probationary Semester

Please specify course, number and CRN number for course drops and incompletes: (ex. MATH 1526 13243)

I have read and understand the guidelines. I grant permission to the Schiffert Health Center Medical Review Advisory Committee to contact me to clarify my request for academic relief and to review my Schiffert Health Center Medical Records and Services for Students with Disabilities Records.

Signature _____

Date: _____