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**REQUESTS FOR ACADEMIC RELIEF – GUIDELINES****PLEASE READ CAREFULLY**

- Requests for academic relief are reviewed by the Medical Review Advisory Committee.
- In order to qualify for a recommendation, the student must have **documentation** showing that he/she has a significant medical problem which has **substantially interfered** with the ability of the student to meet his/her academic responsibilities. Only the Dean has the final authority in granting academic relief.
- Once academic relief is granted during a semester, additional relief **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.
- While it is understood that students may be involved in many situations that are stressful and distracting that interfere with studying and other academic responsibilities, 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

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?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ How many days? \_\_\_\_\_

9. Is this the first time you have applied for academic relief? \_\_\_\_Yes \_\_\_\_ No

If no, what other semester(s) have you applied for relief? \_\_\_\_\_

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

10. Describe the illness and how it has impacted your academic performance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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11. What strategies did you use to resolve the problem before making this request? (i.e. Workshops, study groups, professor's help) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. What are you doing now to improve your academic success? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What are your academic goals and how do you plan to meet them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. 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 (**Recommended incompletes must be approved by instructor and requests for an incomplete must be made prior to last day of classes for the semester in which the class is being taken).**)

☐ Course drops      ☐ Additional Probationary Semester

Please specify course and 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** \_\_\_\_\_

Approved 8/29/06; Revised 9/8/10

**Date:** \_\_\_\_\_

## Schiffert Health Center Academic Advisement Form

*This form should be returned to Room 216 McComas Hall to begin application for Academic Relief.*

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COLLEGE: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone#: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Specify semester for requested academic relief: \_\_\_\_\_

I am requesting the following academic relief through the Medical Review Advisory Committee:

\_\_\_\_\_ Medical Withdrawal

\_\_\_\_\_ Additional Probationary Semester

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Course Drops/Incompletes (List Course, Number and CRN number – i.e. Math 1526 – 13243)

Course Drops: \_\_\_\_\_ Incompletes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that the Medical Review Advisory Committee will keep all personal/medical information confidential and that it will not be shared or discussed with academic officials.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**I have reviewed the student's request and have the following comments regarding their academics:**

\_\_\_\_\_  
Academic Dean Signature

\_\_\_\_\_  
Date

If you are an **Undergraduate International Student** you must obtain a signature from The Cranwell Center. If you are a **Graduate International Student** you need to obtain a signature from an international advisor at the Graduate School.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CC: Dean