

Medical Withdrawal Policy

If a student is experiencing a medical or mental health condition, which substantially impedes their ability to attend class or otherwise successfully participate as a member of the College community, he/she may be permitted or required to take a medical withdrawal. In most circumstances the student should initiate this process by contacting his/her academic advisor and completing the Medical/Mental Health Withdrawal Form. Some withdrawals may require specific documentation from the treating clinician regarding the student's condition. Once received the documentation will be reviewed and a decision will be made by designated personnel. All documentation must be submitted to the Dean of Students Office. Incomplete documentation will not be processed.

Medical withdrawal may be approved or required for **significant illnesses, injuries or other conditions** which incapacitate the student for longer than the permitted absence period described in the Attendance policy in the Dean College Academic Catalog.

Medical withdrawal also will be considered for a **traumatic event** (e.g., death or serious injury to a family member) which clearly impedes the student's ability to maintain his/her studies or otherwise successfully participate as a member of the college community. The student seeking a medical withdrawal in such circumstances should initiate this process by contacting his/her academic advisor and completing the Medical/Mental Health Withdrawal Form and other supporting documentation deemed necessary to verify the extenuating life circumstances.

The complete Medical Withdrawal Policy is located on the Dean College website at www.dean.edu/ (below will appear on the web)

Medical Withdrawal Policy WEB INFO

If a student is experiencing a medical or mental health condition which substantially impedes their ability to attend class or otherwise successfully participate as a member of the College community, he/she may be permitted or required to take a medical withdrawal. In the ordinary course the student should initiate this process by contacting his/her academic advisor and completing the [Request for Medical/Mental Health Withdrawal Request Form](#). Some withdrawals may require specific documentation from the treating clinician regarding the student's condition. Once received the documentation will be reviewed and a decision will be made by designated personnel. All documentation must be submitted to the Dean of Students Office. Incomplete documentation will not be processed.

Medical withdrawal may be approved or required for **significant illnesses, injuries or other conditions** which incapacitate the student for longer than the permitted absence period described in the Attendance policy in the Dean College Academic Catalog.

Medical withdrawal also will be considered for a **traumatic event** (e.g., death or serious injury to a family member) which clearly impedes the student's ability to maintain his/her studies or otherwise successfully participate as a member of the college community. The student seeking a medical withdrawal in such circumstances should initiate this process by contacting his/her academic advisor and completing the Medical/Mental Health Withdrawal Form and other supporting documentation deemed necessary to verify the extenuating life circumstances.

If a withdrawal is granted or required, the following options will be made available to the student **based upon the point of time in the semester at which the withdrawal occurs:**

Periods I and II - a WC is given in all classes in which the student is currently attending and registered.

Refund policies for students on a medical withdrawal are the same as those for students who withdraw from the college for other reasons.

Period III- a W grade is issued.

Period IV- a WP (withdraw passing) or WF (withdraw failing) is issued.

Period V- A WP, WF or I (incomplete) is issued in all classes in which the student is currently attending and registered. A student may have the option of taking an incomplete in one or more courses as determined by the *MW committee*. Students must complete any course in which an incomplete is granted within the time frame as stated in the Incomplete Coursework section of the Dean College Academic Catalog.

Re-entry Policy following a Medical Withdrawal from Dean College

Treatment Expectations:

During a Medical Withdrawal, the College expects the student to participate in professional health care treatment with a licensed medical and/or mental health provider as the primary method of managing the health concerns that led to the medical withdrawal.

To be considered for re-entry after a medical withdrawal the student is required to submit the following Re-Entry documentation:

- A Completed [Request for Re-entry following a Medical/Mental Health Withdrawal, Treating Provider Form](#). Completion of this form is a three step process which include,
 - Step 1:** Submitting the appropriate Application for Readmission Form to the Registrar's Office.
 - Step 2:** Signing a Release of Information allowing reciprocal communication and/or required documentation between Director of Counseling Services or designee and the consulting physician and/or treating mental health care provider.
 - Step 3:** Current health information signed and dated by treating medical doctor or treating mental health clinician.
- A **re-entry meeting** with the Assistant Vice President Student Life/ Dean of Students and/or the Director of Counseling or designee **prior** to resuming classes and residency. This meeting is held to discuss the progress the student made while on medical leave, review recommendations provided by the treating clinician, and identify any supports, accommodations or other conditions necessary to help insure a successful return to Dean College.

When the above requirements are complete and the student has been given clearance by the designated personnel the student may resume classes, residency (if applicable) and other campus activities as appropriate.

The re-entry plan may involve specific conditions which a student must comply to maintain academic standing and residency (if applicable.)

These conditions may include but are not limited to

- Change in residential status.
- Decreased course load.
- Continued therapy on or off campus.
- Continuation of communication between prescribing physician.
- Any other reasonable condition deemed necessary to ensure the successful reintroduction of the student into the campus environment.

The re-entry meeting may require a parent or guardian be present. The meeting may also include the Director of Advising and/or the student's academic advisor to discuss the student's current academic performance, schedule and upcoming workload.

Involuntary Withdrawal

Dean College is committed to the safety and well-being of its community members and to the integrity of the learning environment. In the event a student's medical or mental health poses a significant threat of

harm to self or others, or causes significant disruption to the educational activities of the college community, students may be required to withdraw from the college.

In such circumstances, the college may require a student to undergo a medical or mental health evaluation in order to make an informed assessment regarding the student's ability to remain at or return to college life. All costs associated with evaluations or treatment that are associated with the student's ability to remain at or return to Dean College will be at the student's expense.

Examples of behaviors that may necessitate an involuntary withdrawal or psychological evaluation include but are not limited to:

- Unresolved, ongoing, or serious suicidal threats, or behavior indicating a student's inability to care for oneself.
- Self-injurious behaviors which include actions indicating a suicide attempt, self-inflicted wounds, ingestion of toxic substances, overdose of prescribed medications.
- Disordered eating, including self-starvation, bingeing, or purging, which may be life-threatening in nature and/or adversely affect the surrounding community.
- Evidence of chronic and/or serious alcohol or drug involvement.
- Serious threats made to others within or external to the Dean Community.
- Instances of inappropriate behavior that cause significant disruption or undue burden on the college.

Interim Action

If the student chooses not to submit to an evaluation or fails to sign a release of information to allow communication with the treating medical/mental health providers at Dean College, this may result in a required withdrawal and, if applicable, immediate removal from the residence halls.

Students may not return to the College and/or residence hall until all documentation is received and evaluated by designated personnel.

In any instance in withdrawal is required, designated personnel will provide written notice to the student, including the specific requirements that must be met as a condition of eligibility for re-enrollment. The notice will include information as to how and to whom the student may appeal the decision. In most instances, the parent(s) or guardian(s) of the student will be provided a copy of this notice. The duration of the separation from campus will be determined on a case-by-case basis.



Student’s Request for Medical/Mental Health Withdrawal Form

Instructions to Student:

1. Complete the **Student Request for Medical/Mental Health Withdrawal form**, print and provide signature/date at the bottom.
2. E-mail the Dean of Students with specific reasons you are requesting a medical withdrawal. Please include the following: specific illness, injury or other condition, onset of condition and how the condition is impairing your ability to continue as a student at Dean.
3. Submit the completed forms with signatures and supporting medical documentation to the Dean of Students.
4. Meet with the Center for Student Financial Planning and Services to discuss any financial implications of withdrawal.

General Information:

- Medical/Mental Health Withdrawal assumes withdrawal from all courses for the semester, unless otherwise specified by the student.
- Requests will be approved or denied based on the nature of the illness as documented on the **Physician/Mental Health Provider Form** and such other information, as the college may deem appropriate. The physician/mental health provider’s signature does not constitute approval.
- The college reserves the right to verify the authenticity of all requested information and signatures and to require such additional information as it deems appropriate.
- If you are receiving financial assistance, you are strongly encouraged to consult with The Center for Student Financial Planning and Services to understand the financial assistance/monetary implications of processing this withdrawal.
- All students approved for medical/mental health withdrawal will be required to meet conditions of medical clearance prior to re-entry.

Part 1: To be completed by student:

Name: _____ **Date:** _____

Address _____

Reason for Medical Withdrawal Request: E-mail/Scan typed statement –to the Dean of Students-Please include the following: specific illness/diagnosis, onset of illness and how the illness is impairing your ability to continue with classes at this time.

Semester for medical withdrawal request: (check one) Fall Winter Spring Summer Year 20____

List the classes to be included in the medical/mental health withdrawal:

Course Number	Course Title	# of Credits

I understand that a medical withdrawal requires the college to review pertinent medical information from the appropriate treatment provider(s). I hereby agree to authorize release of this information to the college.

Signature _____ **Date** _____

**Student Medical/Mental Health Withdrawal Request
Physician/Mental Health Provider Form**

PART 2: To be completed current treatment provider

Section A: Student is the patient

The above named student has applied for a medical withdrawal from Dean College and he/she has designated you/your office as a source of pertinent medical information to support his/her request.

Name and title of treatment provider: _____

Address: _____

Phone: _____ **Fax:** _____

Diagnosis and general nature of the student's condition: _____

Date of onset of illness/injury: _____

(When did the student become medically unable to attend and/or participate in classes?)

Dates under your care for this condition: _____

Please explain how this condition impairs the student's ability to complete his/her coursework or otherwise successfully attend college (be specific):

Section B – Student is acting as "caregiver" to a family member with a medical condition that prevents him/her from attending and/or participating in course(s).

The student is/has been acting as caregiver from _____ **to** _____ (start & end date)

Name of family member _____ **Relationship to student:** _____

Diagnosis of the medical condition of the above family member (patient): _____

Doctor's Signature _____ **Date** _____

License # _____

Office Phone Number _____

Please Fax or scan this information to

David Drucker, Assistant Vice President Student Life

Dean of Students ddrucker@dean.edu

Or MaryAnn Silvestri msilvestri@dean.edu

Office # 508-541-1865 Fax # 508-541-1925

Official Office Stamp

If stamp is unavailable, please supply written verification on letterhead or prescription paper.



**Student Request for Re-Entry Following a Medical/Mental Health Withdrawal
Treating Medical/Mental Health Provider Form**

This form is your official request to reapply for admission, resume classes and/or reside at Dean College following a medical or mental health withdrawal. All three steps of this process must be completed to be considered for readmission to the College.

Step 1:

Complete Dean College Readmission Application

A student who has withdrawn from the college and wants to return must apply for readmission by submitting the appropriate Application for Readmission Form to the Registrar’s Office in the Center for Student Financial Planning and Services. These forms may be obtained on the Dean College Website or at the Registrar’s office located in Dean Hall. Please contact the Registrar’s Office at 508-541-1638 with any questions pertaining to the readmission application form 508-541-1638.

Step 2:

Sign Permission Release of Information and State Intention to Return

Please complete and sign Step 2, then give the form to your medical provider to complete Part 3. Without all required documentation, you will not be cleared to resume classes or reside on campus.

Permission to Release Information

I authorize the medical or mental health professional to whom I have provided this form to release the information requested in Step 3 below and allow verbal communication in connection with my request to return to Dean College following my medical or mental health withdrawal. I understand that the information will be handled in a confidential manner.

Student Name: _____

Student Signature: _____ **Date:** _____

Intended Date of Return: Fall Winter Spring Summer Year 20_____

Please state your intentions for living arrangements: Commuter On Campus

Step 3:

Physician/Medical Professional to Complete

The above student has requested to return to Dean College following a medical or mental health withdrawal. In connection with that request, the student has identified you as a treatment provider and, as indicated in Part 2 above, has authorized you to release to the College the information requested in this Part 3.

A student’s wellbeing, safety and academic success are our top priority. Given the academic rigor and social challenges of being a college student, your professional judgment is critical in determining a student’s readiness to return to college. The information you provide will help us determine a plan of continued care if the student is cleared to resume classes and/or reside on campus (if applicable.)

Provider Name _____

Agency/Address _____

Provider’s Phone _____ **Fax** _____

Credentials: Physician Psychiatrist Psychologist
 Licensed Clinical Social Worker Other Licensed Medical/Mental Health Professional (please specify)

Medical Summary:

Condition that resulted in the student's withdrawal: _____

Date of Diagnosis: _____ Dates of Treatment: _____

Treatment: Nutritional Evaluation/Treatment Surgery Physical Therapy Pain Management
 Mental Health Other _____

Please indicate any specific treatment program student participated in while on leave
 Inpatient Outpatient therapy Partial Program Other _____

In your care of this student were medications prescribed? Yes No

If yes, please indicate medication(s) and dosage: _____

Is it your recommendation the student remain on these medications when he/she returns to Dean College?
 Yes No If yes, what is the plan for medication management? _____

Does the student currently present a material risk of harm to him/herself? Yes No Potentially

If yes or potentially, please explain: _____

Does the student currently present a material risk of harm to others? Yes No Potentially

If yes or potentially, please explain: _____

Professional opinion of the student's readiness for re-entry to Dean College

Student is/ is not ready to resume full-time academic enrollment

Student is/ is not ready to resume part-time academic enrollment

Student is/ is not ready to reside on campus

Please explain: _____

Additional information/recommendations/accommodations appropriate for facilitating the student's return to college: _____

Signature of Treating Professional: _____

License # _____ Date: _____

Please Fax to 508-541-1925 or scan to David Drucker Assistant Vice President Student Life/
Dean of Students ddrucker@dean.edu Please call 508-541-1865 with any questions or concerns.

Thank you for assisting this student with the re-entry process.

