

PACKET FOR WITHDRAW-MEDICAL (WM)/ MEDICAL LEAVE OF ABSENCE

The purpose of this packet is to provide students and their parents with clear guidelines and expectations related to obtaining a medical withdrawal. **A medical leave of absence (MLOA) is a form of withdrawal.** For the purpose of this document, Withdraw-Medical (WM) will be the term used throughout. The student should read through the packet in its entirety before completing the enclosed forms and discuss any questions or concerns with the Dean of Students.

INCLUDED IN THIS PACKET:

- WM Agreement
- Instructions for WM Departure
- WM Application to Depart Denison University
- Financial Implications for Students Taking a WM
- Expectations for Students Returning from WM
- Instructions for WM Return
- WM Application for Return to Denison University
- Mental Health and Medical Assessment Forms, to be submitted when you apply to return to Denison
- Authorization for Release of Protected Health Information

WITHDRAW-MEDICAL AGREEMENT

I. Terms and Restrictions of Obtaining WM:

Students may apply for a WM from Denison when such a withdrawal is necessitated by the student's medical or psychological condition which impairs his or her ability to function successfully, safely or independently without detracting from the welfare and academic pursuits of other students, including the safety and functioning of the broader campus community. It is expected that the time a student takes away from the University will be used for treatment and recovery. In order to increase the likelihood of success upon returning to campus, most students will need one to two full semesters away from Denison in order to receive appropriate care and to demonstrate a sustained period of stability. In order to be eligible for a medical withdrawal, the student must submit this packet's application and provide documentation from the treating healthcare professional within two weeks after the date the application is submitted to the Dean of Students. Finally, it is in the best interest of the student to give the home healthcare provider consent to consult with professionals on campus involved in the student's treatment to ensure that the home provider has a full understanding of the conditions that prompted the medical withdrawal and that there is continuity of care. The deadline for applying for a medical withdrawal is the last day of class.

A. COMPLETION OF COURSEWORK: Students do not receive academic credit for a semester during which a medical withdraw is recorded. Students withdrawing completely from Denison for the semester, after week nine, receive a grade of "W" for all enrolled courses. Normally the "W" transcript notation would be applied automatically to students who are approved to drop an individual course after week nine. In cases with extenuating circumstances, the Academic Standing Board may approve petitions to have the "W" removed. The student is not eligible to pre-register within his/her registration window for the following semester. If the student is already enrolled in courses for the following semester prior to his/her withdrawal, his/her withdrawn status will forfeit his/her course registration. Students who withdraw to attend off-campus study programs not endorsed by Denison, or who go on an off-campus study program without the approval of Denison, may not have their course credits transferred.

B. FINANCIAL IMPLICATIONS: Students on an approved WM will have their enrollment deposit held for up to two semesters. If a student does not return from an approved WM within two semesters, the WM reverts to a normal withdrawal and the enrollment deposit is forfeited. Students on an approved WM will be regarded as withdrawn for the purposes of computing refund or forfeiture of charges. Students taking an WM on or prior to the first day of classes will have their charges refunded to their account at 100%. Students who receive federal funds and attend the first day of class will be subject to a federal calculation of the federal funds for which they are eligible. Starting with the second day of classes, charges are prorated according to the published refund schedule. In the event of an approved WM, the medical withdrawal schedule will apply. The refund schedule can be found in the [Catalog](#) (see "Refund or Forfeiture of Tuition, Activity Fee, Student Health Fee and Room and Board") under the Annual Costs section at <https://denison.edu/campus/finances/refund-or-forfeiture>. The official withdrawal date determines the refund percentage of the tuition, activity fee, and health center fee. Fees for applied music lessons or other course fees are not refunded after the fourth week of classes. The official date the student (and personal possessions) vacates University premises upon withdrawal determines the refund percentage of the room. Board is charged a daily rate through the date the student vacates University premises and discontinues use of University facilities and services upon withdrawal. **The Dean of Students will determine these dates.** A student's residence hall assignment at the time of departure is not held during the withdrawal. Once a student is approved to return, he or she should contact the housing coordinator to seek a new residence hall assignment which will be based on space available at that time.

C. INTERNATIONAL STUDENTS: An WM may affect one's legal status. International students holding visas should consult with the Director of International Student Services before applying for a WM to make sure they meet the immigration regulatory requirements.

II. Returning From a WM or Extending a WM

Upon preparing to return to campus, the student will submit an application (WM Application for Return to Denison University) to the Dean of Students and will request that the treating healthcare professional(s) submit the appropriate forms to the Director of Health and Counseling Services. After reviewing the health assessment form and any other pertinent materials, the Director will make a recommendation to the Dean about the student's appropriateness to return to Denison as an enrolled student. The Dean will then make a final decision after all appropriate College offices have cleared the student for return (as noted in Instructions for WM Departure). It should be understood that this final decision is based on a recommendation from the Director of Health and Counseling Services to the Dean. The University may require a student to remain on a medical leave, even in cases where the student's provider gives full support of the student's readiness to return to the college environment.

A. DEADLINES: When a student on WM is able to return and live safely and independently at Denison, the student must submit an application and supporting materials.

1. Deadline for receipt of application and supporting documentation to return for enrollment for (1) the fall semester is **July 1** and (2) the spring semester is **December 1**.

Since late submission of documentation may serve as grounds to deny a return from WM, students should schedule appointments with their healthcare professional to allow sufficient time for a final assessment as well as completion and mailing of the documentation. Conversely, documentation submitted too far in advance of the deadline will require a follow up assessment closer to the deadline to ensure the student has maintained a period of stability. The Director of Health and Counseling Services will contact students when an additional assessment is necessary.

2. Students who receive notice of their approval to return shall contact the Student Housing Coordinator in the Office of Housing Operations and Planning to make arrangements for their housing assignment. The Student Housing Coordinator can be reached by calling 740-587-6272.
3. In addition to documentation requirements and review processes, the student's account must be in good standing, and the enrollment deposit (typically \$300) must be paid to DENISON UNIVERSITY via the Student Accounts. This will reactivate the file and allow processes such as room selection, course registration and financial aid packaging to occur.
4. After the enrollment deposit is paid, the student should initiate contact with the Registrar's office to schedule classes. The Registrar Office can be reached by calling: 740-587-6296.

B. THE APPLICATION TO RETURN: A student's application must include the following items:

1. A form or letter in which the student reviews the circumstances that led to the medical withdrawal; the activities and pursuits the student engaged in during the leave; the progress in recovery that indicates that the student is ready to return to living independently at Denison; and the specific new behaviors and actions that might ameliorate the conditions that led to the medical withdrawal.
2. A completed WM Application to Return to Denison should be returned to the Dean of Students at Denison.
3. Documentation from the student's treating healthcare professional(s) confirming that the student is able to return and function successfully, safely or independently is to be submitted to the Director of Health and Counseling. If a student received treatment from both a medical professional as well as a counseling professional, both professionals should submit a health assessment form.

C. ADDITIONAL MATERIALS: If there are additional materials that a student thinks would be helpful in considering his or her application to return, those materials should be submitted as well.

D. EXTENSION: A student on an approved WM may request that the leave be extended by submitting a written request to the Dean of Students Office. Further documentation from the student's treating healthcare professional stating the need for an extension of the leave and the expected duration of the extension should be sent directly to the Director of Health and Counseling Services.

E. WITHDRAWAL: If a student does not follow the procedure for reenrollment at the end of a semester's WM and does not formally request an extension of such leave in writing to the Dean of Students, the student will then be withdrawn and classified as inactive, effective the last day of approved withdrawal. If this occurs, the College will attempt to provide notification to the student of the change in status and the procedure for seeking readmission.

Your signature implies that you understand and are in agreement with the terms and restrictions of obtaining a medical withdrawal from Denison University.

Student's Signature

Date

Dean of Students (or Proxy)

Date

INSTRUCTIONS FOR WM DEPARTURE

1) WM APPLICATION FOR DEPARTURE FROM DENISON UNIVERSITY

Complete the top portion.

Sign your name on the Student line.

Unless this is an emergency medical withdrawal, please consider visiting relevant offices such as those listed below.

- Accounting Office (Doane 104)
- Financial Aid (Doane 101)
- Dean of First Year Students, if you are a first year student (Higley 119)
- Dean of Students (Slayter 409)
- Health & Counseling Center (Whisler Hall)

2) MLOA AGREEMENT AND QUESTIONNAIRE

Please complete the WM Questionnaire. Read the WM Agreement carefully, provide the information requested, and sign the agreement.

3) LETTER FROM STUDENT'S HEALTHCARE PROFESSIONAL

In order for the student's withdrawal for medical reasons to be granted, a healthcare professional must send a letter documenting the need for a medical withdrawal. If the student were seen by a health or counseling professional on campus, the student will need to immediately contact that individual to request documentation substantiating the student's withdrawal be sent to the Dean of Students. If the student were seen by a healthcare professional off campus or at home, the student will need to contact that provider and request that s/he submit substantiating documentation. The documentation (letter) must be sent to the Director of Health and Counseling Services within two weeks of the WM application submission (date the WM application was submitted to the Dean of Students). If the Director does not receive this documentation, the student's WM status will be converted to a normal withdrawal to be recorded as such for accounting purposes. In addition, if the student's WM cannot be verified by a healthcare professional who is involved in the student's treatment, the status will be converted. Finally, it is in the best interest of the student to give the home healthcare provider consent to consult with professionals on campus involved in the student's treatment to ensure that the home provider has a full understanding of the conditions that prompted the medical withdrawal and that there is continuity of care.

PLEASE NOTE:

THE TWO DOCUMENTS NAMED ABOVE (1 & 2) MUST BE COMPLETED AND RETURNED TO THE DEAN OF STUDENTS OFFICE (Slayter 409) BEFORE A MEDICAL WITHDRAWAL CAN BE REVIEWED.

THE THIRD DOCUMENT SHOULD BE SUBMITTED TO THE DIRECTOR OF THE HEALTH AND COUNSELING SERVICES WITHIN TWO WEEKS OF DEPARTURE/WM APPLICATION DATE.

TO APPLY TO RETURN FROM MEDICAL WITHDRAWAL, THE STUDENT MUST COMPLETE AND SUBMIT:

- The WM Application for Return to Denison University
- Letter of application to return (Please see WM Agreement)

Please address the above documents to: Dean of Students Phone: 740-587-6765
Slayter Hall 409 Fax: 740-562-6318
Denison University
100 W. College Street
Granville, OH 43023

LIKEWISE, THE STUDENT'S HEALTHCARE PROFESSIONAL MUST COMPLETE AND SUBMIT:

- The appropriate Mental Health/Medical Assessment (enclosed)

Please address the above assessment to:
Director of Health & Counseling Services Phone: 740-587-6200
Whisler Hall Fax: 740-562-4399
Denison University Email: healthserv@denison.edu
100 W. College Street
Granville, OH 43023

WITHDRAW-MEDICAL APPLICATION TO DEPART DENISON UNIVERSITY

(PLEASE PRINT)

LAST NAME	FIRST NAME	DENISON ID # ADDRESS	ALTERNATE EMAIL
CLASS (PLEASE CIRCLE) FR SO JR SR FIFTH YEAR		CAMPUS ADDRESS	
HOME STREET ADDRESS		CITY, STATE, ZIP	
HOME #	CELL #	SLAYTER BOX #	
STREET ADDRESS FOR LEAVE (IF DIFFERENT)	USABLE DATES	CITY, STATE, ZIP	
MAJOR		FACULTY ADVISOR	
SIGNATURES OR VISIT		DATE	

STUDENT

DEAN OF STUDENTS (OR PROXY)

DEAN OF FIRST YEAR STUDENTS (IF YOU ARE A FIRST YEAR STUDENT)

ACCOUNTING OFFICE

FINANCIAL AID

HEALTH & COUNSELING CENTER

Federal
 State
 Institutional
 No Aid

OFFICE USE ONLY

LAST DAY OCCUPYING RESIDENCE HALL

Last Use of Meal Plan

LAST DAY OF ENROLLMENT

LAST DAY ON CAMPUS

STUDENT ANTICIPATED TO RETURN

FALL _____

SPRING _____

CODE: _____

DEAN OF STUDENTS

DATE

Cc:

MEDICAL LEAVE OF ABSENCE QUESTIONNAIRE

We encourage you to write a brief statement that explains why you are seeking a medical withdrawal to help us understand your reasons for leaving, and to provide other information you would like us to know.

1. What are your reasons for taking a medical withdrawal?

2. What are your plans for your time away?

FINANCIAL AID IMPLICATIONS FOR STUDENTS

TAKING A WITHDRAW-MEDICAL

- a. Enrollment Deposit Information
 - i. Students on an approved WM will have their enrollment deposit held for up to two semesters if they indicate a desire to seek re-enrollment at the college at the time of the exit interview with the Dean of Students. If a student does not return from an approved WM within two semesters, the WM reverts to a Withdrawal and the enrollment deposit is forfeited.
- b. Tuition and Fee Refund/Forfeiture Information
 - i. Students on an approved WM will be regarded as withdrawn for the purposes of computing refund or forfeiture of charges. Students taking an WM on or prior to the first day of classes will have their charges refunded to their account at 100%. Starting with the second day of classes, charges are prorated according to the published refund schedule. In the event of an approved WM, the medical withdrawal schedule will apply. The refund schedule can be found on the chart below from the Catalog.
 - ii. The official withdrawal date determines the refund percentage of the tuition, activity fee, and health center fee. Fees for applied music lessons or other course fees are not refunded after the fourth week of classes.
 - iii. The official date the student (and personal possessions) vacates University premises upon withdrawal determines the refund percentage of the room.
 - iv. Board is charged a daily rate through the date the student vacates University premises and discontinues use of University facilities and services upon withdrawal. **The Dean of Students will determine these dates.**
- c. Students who are granted a WM by the Office of Student Development and seek to return will be eligible for a ninth semester of financial aid. This financial aid package will be adjusted from the norm based on the federally mandated loan proration, if applicable.
- d. For students who receive a WM and have federal need based aid, their aid eligibility is treated as withdrawn from the university. Their withdrawal status is reported to the Direct Loan servicer and they may enter the grace period of their federal loan repayment.

Refund Schedule of Tuition, Activity Fee, Student Health Fee and Room and Board

	Normal Withdrawal	Medical Withdrawal
1st Day of Class	100%	100%
1st Week	90%	90%
2nd Week	90%	90%
3rd Week	50%	70%
4th Week	50%	60%
5th Week	25%	50%
6th Week	25%	40%
7th Week	25%	30%
8th Week	25%	25%
9th Week	0	10%
10th Week and after	0	0

EXPECTATIONS FOR STUDENTS RETURNING FROM A WITHDRAW-MEDICAL

I. Denison University has the following expectations of students returning from a medical withdrawal:

- A.** The student will demonstrate an understanding and awareness of the events and conditions which led to the withdrawal and will take personal responsibility to try to prevent those events and conditions from recurring and/or interfering with the student's duties as a member of the Denison community.
- B.** The student will be able to pursue individual academic and social goals without detracting from the welfare and academic pursuits of other students or functioning of the broader campus community. Denison University will provide reasonable accommodations where necessary to help students achieve these goals.

II. In determining whether a student will be able to meet these expectations if return is approved, the College will consider a number of factors, including the following:

- A.** Information provided by the student and the student's healthcare professional, and any other documentation submitted regarding the student's ability to return;
- B.** Assessment of the appropriateness of the student's academic and social plan in consultation with the Dean involved in the decision regarding the student's return to Denison;
- C.** An assessment of other factors where relevant, such as the student's support system and network, the activities in which the student participated during the leave, and the student's history with Denison University.

III. Stated Expectations Upon Return

- A.** If the circumstances preceding a withdrawal suggest to the University that such a step is necessary, a student may be asked to agree to follow stated expectations during re-entry communications with the Dean of Students. In some cases, the student may be required to engage in follow up services (i.e., counseling, academic support, etc.) to assist with transitioning back to college. In instances where a student does not comply with stated expectations, a student may be required to return to a withdrawal status.

IV. Final Clearance

- A.** The Dean of Students will issue final clearance to the Registrar and other offices for the reenrollment of a student only after all of the appropriate College offices have cleared the student for re-entry. The student will be informed when this process is complete.

Please note that this procedure involves a number of individuals and offices and that it may require several weeks from receipt of materials to reach a decision on approval to return.

INSTRUCTIONS FOR WITHDRAW-MEDICAL RETURN

Students on an approved WM are considered non-enrolled and classified as active for a period of up to two semesters. To seek enrollment, the active student must follow the procedure for application to return outlined in the WM Agreement. Please address all questions to the Dean of Students Office.

If a student on an WM does not return, request an extension, or request voluntary withdrawal before the enrollment deadline, the student will be classified as inactive. The inactive student may consult the Dean of Students and potentially be directed to the Office of Admissions (and its own deadlines) should they seek to return in the future.

Any previously withdrawn student who matriculated elsewhere as a degree seeking student or accepted federal financial aid elsewhere may be directed to the transfer admissions process.

A student should consider seeking guidance from the Dean of Students ahead of time about plans to take courses elsewhere while on a medical withdrawal. If a student has taken any coursework while away and then seeks approval for transfer of credits, the student is to consult the Office of the Registrar. Such approval from the Registrar does not have bearing on the outcome of the review process for returns from WM.

FILING DEADLINES: Eligible students seeking to return are encouraged to file an WM application to return as soon as they know when they wish to re-enroll.

**APPLICATION DEADLINE TO RETURN FOR FALL
SEMESTER**

**APPLICATION DEADLINE TO RETURN FOR SPRING
SEMESTER**

JULY 1

DECEMBER 1

ALL OUTSTANDING BILLS MUST BE PAID PRIOR TO RETURNING TO CAMPUS.

In order to return to Denison from a withdraw status, a student must complete the application to return and submit it to the Housing Coordinator in the Office of Residential Education and Housing, their account must be in good standing, and the \$300 enrollment deposit must be paid. If approved to return, their file will be reactivated and critical processes such as course registration, housing selection and financial aid packaging can be initiated.

Students must be cleared by the above deadline in order to enroll.

OTHER QUESTIONS MAY BE ADDRESSED TO THE OFFICES OF:

The Dean of Students	(740) 587-6765
The Registrar	(740) 587-6296
Financial Aid	(740) 587-6279
Cashier	(740) 587-6798
Housing Operations & Planning	(740) 587-6271
First Year Programs	(740) 587-6224
Academic Resource Center	(740) 587-6666
Health & Counseling Services	(740) 587-6200

WITHDRAW-MEDICAL APPLICATION TO RETURN TO DENISON UNIVERSITY

Last Name:	First Name:	Denison ID #
Class (please circle): FR SO JR SR Fifth Year		
Street Address for Leave		City, State, Zip
Home #	Cell #	
I am applying to return to Denison University for the semester beginning:		
Date you first entered Denison	Date of Departure	

In addition to this form, your application to return must contain a letter. In this letter, you should review 1.) the circumstances that led to your medical withdrawal; 2.) the activities and pursuits you engaged in during the time away; 3.) the progress in recovery that indicates that you are ready to return to living independently at Denison; and 4.) the specific new behaviors and actions you plan to undertake to ameliorate the conditions that led to your withdrawal.

In addition to your letter and this application to return, your healthcare professional(s) must complete the Health Assessment Form included in the packet. When all of the documentation has been received, the Return from Withdraw-Medical Review Committee will review your application to return. If that Committee and the other appropriate offices clear you to return, the Dean of Students will notify you and give you further instruction. If you are not cleared to return, the Dean of Students will inform you of that decision.

The deadline for receipt of this application and supporting documents:

- *for consideration for the fall semester* **July 1**
- *for consideration for the spring semester* **December 1**

Late submission of documentation may serve as grounds to deny a return from WM

The application to return from an WM should be sent to:

Dean of Students Ph: 740-587-6765
Slayter Hall 409 Fax: 740-562-6318
Denison University
100 W. College Street
Granville, OH 43023

The Mental Health/Medical Assessment Form(s) should be sent to:

Director Ph: 740-587-6200
Health & Counseling Services Fax: 740-562-4399
Whisler Hall Email: healthserv@denison.edu
Denison University
100 W. College Street
Granville, OH 43023

HEALTH ASSESSMENT FORM

Dear Health Provider:

The person requesting that you complete this form has applied to return to Denison University after taking a medical withdrawal. Since college and residential living can be very stressful, we would like to ensure that this student, with appropriate support, is prepared for the challenges of college life. This documentation will be reviewed by the Director of Health & Counseling Services and should reflect the student's health status prior to returning to the university. You may complete this health assessment form *or* submit a letter that addresses all the areas listed on this form.

IDENTIFYING INFORMATION:

Provider's Name:	Degree:
Telephone:	Licensed as:
Date:	Address:

TREATMENT:

Individual's Name:	Dates Seen:
Total Number of Contacts:	

Initial Diagnosis(es):

Current Diagnosis(es):

Mode(s) of Treatment:

Please provide a copy of individual's last clinical/progress note AND recent laboratory or imaging results (if applicable).

Please List:

Present Treatment:

Medications/Dosage(s)/Time of day:

Current or Anticipated Adverse Side Effects of Medication(s)/Treatment(s):

Do you recommend that this individual remain on medication? ___ Yes ___ No
Can this student independently follow this medication regimen? ___ Yes ___ No

Are there current physical or psychological impairments of which the university should be aware?

Is the individual currently capable of pursuing academic and social goals within a demanding college environment?

FOLLOW-UP PLANS:

What continued treatment is recommended?

How did the condition(s) prevent the student from completing academic work at Denison University?

How has this condition been ameliorated so that this situation is less likely to occur again? If chronic, how is the condition managed to allow for functioning consistent with college student life?

How long has the improved condition been stably maintained?

Would you recommend that the student return to Denison? (Please comment)

Signature: _____ **Date:** _____

Return to:

Director of Health & Counseling Services
Whisler Hall
Denison University
100 West College St.
Granville, OH 43023
Phone: 740-587-6200
Fax: 740-562-4399

**Denison University
Whisler Center for Student Wellness**

Patient Name:

Last

First

Middle Initial

Date of Birth: _____ **D #:** _____ **Cell # :**

Records To Be RELEASED FROM: (check box)

Whisler Center for Student Wellness (Health & Counseling Services)

Information To Be Released by: (check all that apply) email phone fax

The Specific Purpose of this Disclosure (check only one box).

Request for Medical Leave of Absence

Request to Return from Medical Leave of Absence

Protected Information to be RELEASED TO: (check all that apply)

Lena Crain, Associate Dean of Students Dir. of CV & CR, crainl@denison.edu, 740-587-5769

Bill Fox, Dean of Students; Student Development, foxw@denison.edu, 740-587-6765

Mark Moller, Dean of First Year Students, moller@denison.edu, 740-587-6668

Other: _____

Protected Health Information to be Disclosed: (check all that apply)

Departing Student: Upon review of pertinent health information, the clinician will provide a

professional opinion regarding the impact of condition on the student's ability to be academically successful prior to their departure.

Returning Student: Upon review of health and treatment information provided, the Whisler

clinician will provide a professional opinion regarding student's ability to be academically

successful, based on their course of treatment, and continued treatment plan while at

Denison.

Other:

X _____
Client Signature

____/____/____
Date

X _____
Parent or Legal Guardian Signature (for students ≤ 17 years of age)

____/____/____
Date

****This release expires upon graduation from Denison University****

****This authorization may be revoked by the patient, in writing at any time, except for information which has already been released in accordance with this authorization prior to my revocation.**

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.