

Retroactive Medical Release Checklist

INSTRUCTIONS

If you experienced a medical issue during a previous semester, use this checklist to prepare a complete Retroactive Medical Release request.

Ask to speak to a Student Ombuds staff member if you have questions or need help preparing your request.

Once all documents and forms are submitted, the Student Ombuds staff will review the information, verify the medical documents, confirm with the campus medical designee that the documentation supports the request and contact the each faculty member to obtain a completed Instructor's Note form. The request would then be forward to the Faculty Committee on Course and Standing (undergraduates) or the Committee on Graduate Admissions and Standards for a decision. The Readmission and Academic Policy Appeals office will contact the student directly by email when the decision is made.

CHECKLIST

REQUIRED ITEMS

<input type="checkbox"/>	Medical Release Request Form	Make sure to fill in all parts of the form and to clearly indicate the semester.
<input type="checkbox"/>	Detailed Personal Statement	Follow the template provided. NOTE: The term "drop" and "withdraw" are not interchangeable. A "withdrawal" results in a grade of "w" and tuition will be charged. A "drop" results in removal of the course and removal of tuition liability.
<input type="checkbox"/>	Medical documentation	The documentation must indicate the dates of the medical issue and indicate that the medical issue affected your ability to complete the semester.
<input type="checkbox"/>	Consent to share form	This form gives us permission to contact your medical provider to verify that they provided the documentation
<input type="checkbox"/>	Community Provider Report Form	This form must be completed by a medical provider that is aware of the medical issue that impacted your semester and can confirm that you are cleared to return to school. Contact a Student Ombuds staff member if you need assistance with this step.

OPTIONAL

<input type="checkbox"/>	Financial Aid/Bursar Liability Form	Completing this form will help you understand the consequences to your financial aid/balance for the semester you are requesting and for future semesters. Your tuition liability may change if your request is approved.
--------------------------	-------------------------------------	---

OFFICE USE ONLY – COMPLETE THIS SECTION AND GIVE A COPY TO STUDENT

Initials of staff member that accepted request

DATE STAMP:

Copy of Photo ID attached

Brooklyn College Medical Release from Classes

The College takes into consideration students' requests to drop (all) courses for medical reasons or to drop for medical reasons retroactively (after the semester is over). For such a request to be considered the student must complete and submit a Medical Release from Classes Request Form. The form can be obtained online at <http://www.brooklyn.cuny.edu/web/about/offices/studentaffairs/administrative-services/sos.php>. Once complete, the form, along with the supporting medical documentation, should be submitted to the Student Ombudsperson located in 2113 Boylan Hall. The date of receipt will be noted by the Student Ombudsperson. All documentation will remain confidential.

The Student Ombudsperson is responsible for reviewing the application for completeness and will serve as the primary point of contact for the student ensuring timely communication throughout the process. The Student Ombudsperson will also alert the student of possible financial implications should the drop be approved. Within 24 hours, the Student Ombudsperson will submit a copy of the Medical Release from Classes Request Form and the original medical documents in support of the request to the responsible designee. Requests related to physical health issues will be submitted to the designee in the Brooklyn College Health Clinic. Requests related to issues of mental health will be submitted to the designee in Personal Counseling.

The designee will determine if the rationale for the request is supported by the appropriate documentation. If the request is related to physical issues, the supporting documentation should come from a licensed Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO), or, if deemed appropriate by the designee for the specific situation, another licensed medical professional. If the request cites mental health reasons, the supporting documentation should come from a licensed psychiatrist, or, if deemed appropriate by the designee for the specific situation, including risk factors, another licensed mental health professional. The designee may contact the medical provider should additional information be needed. Within two business days, the designee will affirm or deny the authenticity of the documentation and will record a recommendation to approve or deny the request, and return the Medical Release from Classes Request Form along with the recommendation to the Student Ombudsperson. Should additional time be needed, the designee will indicate such to the Student Ombudsperson within the designated timeframe. The designee will maintain a confidential file of the medical documentation. Meanwhile, in anticipation of an approval, the Student Ombudsperson will contact the Bursar and Financial Aid to determine possible financial considerations.

Once the Student Ombudsperson has received the recommendation from the designee and information regarding financial considerations, the Medical Release from Classes Request Form, designee recommendation, and financial report will be submitted to the Medical Release Committee for approval. The Medical Release Committee will consist of:

1. Bursar (or designee)
2. Director of Academic Advisement (or designee)
3. Director of Financial Aid (or designee)
4. Vice President for Enrollment Management (or designee)
5. Vice President for Student Affairs (or designee)

The Medical Release Committee will review the information within five business days. If approved by the Medical Release Committee, the Office of the Registrar will accept and process the request to drop due to medical reasons no later than five business days from notice. All approved courses will be removed from the student's transcript unless otherwise determined by the Committee. Any disbursed financial aid must be returned to the federal, state governments, or to CUNY (institutional aid). Cash payments will be returned to the student.

PROCESS FOR RETURNING AFTER RECEIVING A MEDICAL RELEASE

After a medical release is granted, a student may request to return to the College. To do so, the student must submit a letter to the Vice President of Student Affairs or designee requesting to return. In addition, the student must have a community health clinician/service provider complete the Community Provider Report Form. Both documents must be submitted before a review can occur. Once all materials are received, the Vice President of Student Affairs or designee will submit the documentation to the College's Medical Release Committee who will make a determination regarding the student's ability to return. The Vice President of Student Affairs or designee will communicate the results to the student in writing.

FOR RETROACTIVE RELEASES (requests made following the end of a semester):

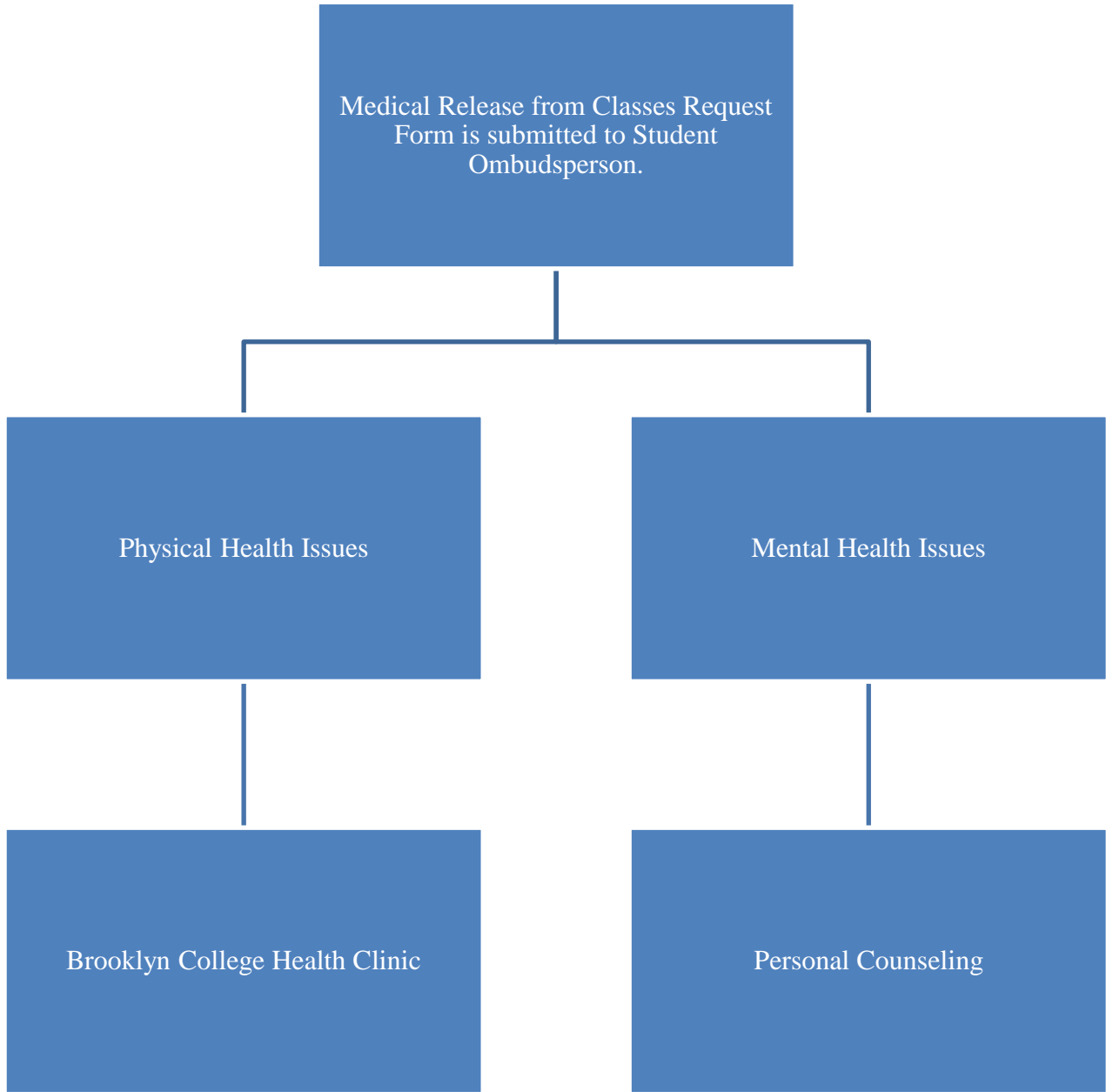
For requests made after the end of the semester, the student must submit the Medical Release from Classes Request Form in addition to the Community Provider Report Form and the Financial Aid/Bursar Liability Form to the Student Ombudsperson. The Student Ombudsperson will submit the Medical Release from Classes Request Form and the designee recommendation to each of the student's faculty members as appropriate. The faculty will review the information as quickly as possible, and will forward a completed Instructor's Note to the Student Ombudsperson. If the request is approved by the student's faculty member(s), the Student Ombudsperson will forward all documentation to the Faculty Committee on Course and Standing. The Faculty Committee on Course and Standing will review the information at their regularly scheduled meeting. If approved by the Faculty Committee on Course and Standing, the Office of the Registrar will accept and process the request to drop due to medical reasons no later than five business days from notice. If denied, the Student Ombudsperson will notify the student no later than five business days from receipt of the decision.

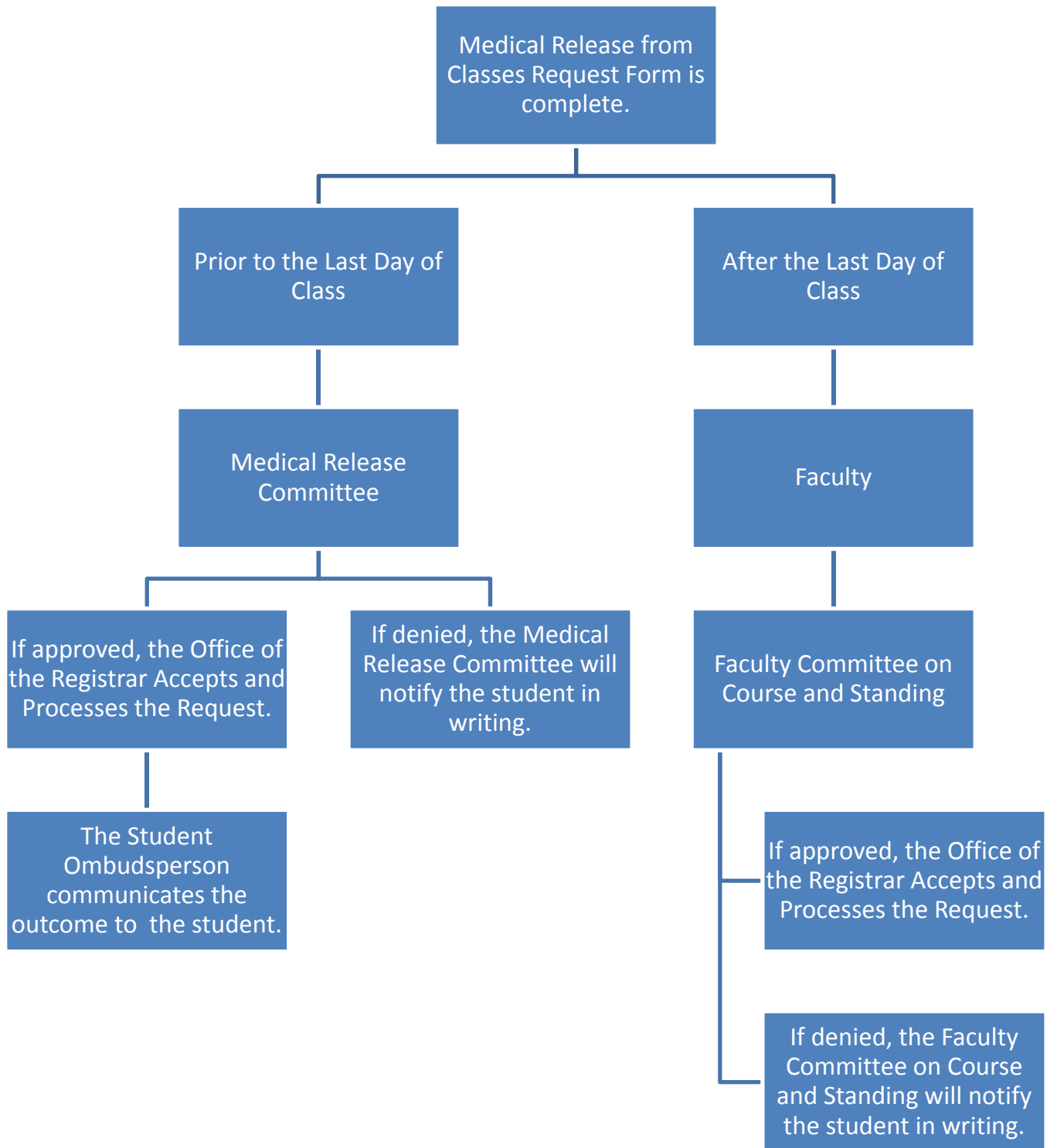
- Community Provider Report Form:
http://www.brooklyn.cuny.edu/web/off_dosa/BC_Community_Provider_Form.pdf
- Financial Aid/Bursar Liability Form
http://www.brooklyn.cuny.edu/web/off_caass/150309_FinancialAidBursarLiability.pdf
- Instructor's Note
http://www.brooklyn.cuny.edu/web/off_dosa/BC_Instructors_Note.pdf

TIME LIMITS FOR RETROACTIVE REQUESTS

A student who wishes to request a Retroactive Medical Release must initiate the process no later than the following academic year (July 1 to June 30) from the semester being requested. Requests submitted after May 5, will be processed at the start of the Fall semester. Requests that are not initiated by these deadlines will not be considered under this policy.

Please note: The College will try to adhere to the timeline as indicated. However, at times, more time may be needed to complete the request. Should that occur, the Student Ombudsperson will contact the student with an updated timeline.





Request for a Medical Release from Classes

Student Information	
Name: (Last, First, M.I.)	EMPLID #:
Address:	City, State, Zip
Phone:	Email

Withdrawal Information:
Academic Semester (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____
Please note: Course releases can only be applied to the current semester.

Do you have Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the possible financial consequences of your request? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please be advised that financial aid and scholarships may be affected when dropping. Please schedule an appointment to discuss your financial aid. For instructions, please visit www.brooklyn.cuny.edu/financialaid/appointment . For questions about scholarships, call 718.951.4796, or visit 213 West Quad.

Are you an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand the possible implications to your student status? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please contact International Student Services at 718.951.4477, or visit 235 West Quad for more information.

Type of Request (check one): <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Health
Documented Record of Care (<i>Please attach copies of all supporting documents.</i>):
<input type="checkbox"/> Medical Record <input type="checkbox"/> Counseling / Psychiatric Record <input type="checkbox"/> Office Visit Records
<input type="checkbox"/> Other (Description): _____

Student Signature
<div style="display: flex; justify-content: space-between;"> <i>Student's Signature</i> <i>Date</i> </div>

Submit the completed request form with all supporting documents to the Student Ombudsperson located in 2113 Boylan Hall. For questions, please email studentaffairs@brooklyn.cuny.edu.

Office Use Only
Result of Request: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
<div style="display: flex; justify-content: space-between;"> <i>Authorized Signature (Enrollment Management)</i> <i>Date</i> </div>
<div style="display: flex; justify-content: space-between;"> <i>Authorized Signature (Student Affairs)</i> <i>Date</i> </div>

Please note: Students seeking to return to school after a release has been granted must provide documentation from a health care practitioner stating they are able to fully participate in educational programs.

Retroactive Medical Release

****Your detailed statement should follow the exact format below ****

First and Last name
Current Address
City, State and Zip code
Current email
Primary phone number
Please include your EMPLID from CUNY First
Last 4 digits of SS#
Date

Attention: Committee on Course and Standing
Medical Release Request/Student Ombudsperson
Brooklyn College, CUNY
2900 Bedford Ave.
Brooklyn, New York 11210-2889

Dear Committee Members,

1. **The first sentence** should clearly outline what you are requesting, including all pertinent information such as term(s), course(s) and section(s).
For example: I am requesting permission to retroactively drop*...
I am requesting permission to retroactively withdraw*...
2. **The body of the letter should include** an outline of the extenuating circumstances that has prompted you to request a Medical Release and how it affected your ability to complete the courses. Make sure to include dates corresponding to the semester you are requesting.
3. Also include any information on what steps you have taken to improve your situation so that you can be successful moving forward.

Sincerely,

(Signature)

Type your name under your signature

Please limit your appeal letter to three pages, single spaced and using a 12pt font.

**Note: Withdrawal requests means you are asking for W grade/s.*

Drop requests means you are asking for the course/s to be removed from your transcript and for tuition charges to be removed.

Consent for Treatment Information Sharing between the Brooklyn College Student Ombuds Office and Other Health Care Providers

Date : ___/___/___

Please **PRINT** all information requested below.

Student Name _____

Student Phone _____

Student Email _____

Student Ombudsperson: Moraima Smith or her staff

Student Ombudsperson work phone: 718-951-5352

Student Ombuds email: Studentaffairs@brooklyn.cuny.edu

I _____ grant **permission to the Brooklyn College**
(student name)

Student Ombuds Office staff to share information about and discuss my health history with the clinical staff or doctor listed below for the purpose of processing my medical release request:

Enter name(s) of doctors and/or medical office related to medical documentation

1) _____

2) _____

3) _____

I also grant **permission to the medical staff as listed above** to share information about and discuss my health treatment and history with the Brooklyn College Student Ombudsperson or her staff.

I understand that the information to be discussed is confidential and protected from disclosure. I also understand that I have the right to cancel my permission at any time.

Signature of Student

Date

Signature of Student Ombuds Staff

Date

**Community Provider Report Form
(for Students Seeking Re-Entry after receiving a Medical Release)**

This form is to be completed by the student’s community mental health clinician or service provider and included as an attachment to the request to return and sent to the Vice President of Student Affairs.

Please Print

Provider Name: _____

Patient/Student Name: _____

Licensed Profession: _____

Date of First Session: _____

License #: _____

Date of Most Recent Session: _____

State of Licensure: _____

Total # of Sessions: _____

Based on your professional judgment, please respond to the following questions regarding the patient/student named above.

1. Has the student been compliant with all treatment? Yes No N/A
(regular attendance at sessions, took medications as directed, etc.)

2. Has there been a substantial improvement of the student’s original health/psychological condition? Yes No N/A

2a. If yes, please check below, where you have observed marked reduction:

- Number of symptoms Persistence of symptoms Subjective level of patient/student distress
 Severity of symptoms Functional impairment

3. Has there been a substantial reduction of any of the following safety related behaviors?

- a. Suicidal ideation and behavior Yes No N/A
b. Self injury behaviors Yes No N/A
c. Threats or aggressive behaviors towards others Yes No N/A
d. Substance abuse/use behaviors Yes No N/A
e. Other behaviors related to the safety of student or others Yes No N/A

If applicable please specify

Comments: _____

4. Has substantial reduction in safety related behaviors been maintained with stability for at least three consecutive months? Yes No N/A

5. Does the student appear capable of functioning autonomously and successfully without supervision in an academic environment? Yes No N/A

6. Please identify any specific precipitants that could put this student at risk: _____

7. In your professional opinion, is the student ready to return to the social and academic demands of the college environment?

- I believe the student is DEFINITELY ready to return. I have RESERVATIONS about the student’s readiness to return. I believe the student is NOT currently ready to return.

8. Do you recommend continued treatment when the student returns to college? Yes No

Provider Signature

Date

Please attach any other documentation that might be helpful.

FINANCIAL AID & BURSAR LIABILITY

Before submitting a petition to the **Committee on Course and Standing** or **Committee on Graduate Admissions and Standards** students who receive financial aid are required to visit the Financial Aid Office (3rd Floor West Quad) TAP Office (214 West Quad), and the Office of the Bursar (220 West Quad) for consultation on the financial consequences of their petition.

Please be advised that W grades incur 100% tuition liability and may affect financial aid for semesters other than the one in which you are petitioning. All outstanding tuition balances resulting from a petition are due immediately. A Bursar stop will be placed on your record preventing you from any further registration and/or obtaining transcripts. There are no payment plans available.

I _____ met with an advisor in the above offices and was advised the following:

Due to my petition to obtain Retroactive W grades for the _____ semester, (Please check all that apply)

Degree Division: ___ Undergraduate ___ Graduate

___ Financial Aid will not be affected for _____ semester(s)

___ My TAP award eligibility will/ or not be affected for the _____ semester(s)

___ I will be liable for \$ _____

___ I am ineligible for my PELL award and I will be liable for \$ _____

___ I am ineligible for federal subsidized and unsubsidized loans and I will be liable for \$ _____ in loan funds that were sent to me by the College.

___ I will owe \$ _____ due to my _____ semester courses being retroactively added.

___ Other _____

Financial Aid Advisor (WQ rm 214 or 308)

TAP Coordinator (WQ rm214)

Bursar Representative (WQ ESC)

Student Signature