

Medical Fresh Start Procedure

1. Complete Form A.
2. Contact Connie Klingshirn, Room C106 and bring your Medical Fresh Start petition with you.
3. If you are able to answer “Yes” to all of the questions on Form A, complete the top part of Form B and submit it to your attending physician.
4. Submit Form A to the Business Office and pay the non-refundable \$20.00 fee.
5. Upon receipt of Form B mailed directly from your physician, the Registrar will notify you of the final outcome of your petition.
6. It will be your responsibility to provide the Registrar with a copy of your schedule when you re-register for the affected courses.

Medical Fresh Start Policy

Form A

Once in a lifetime, due to a catastrophic personal health/medical circumstances, students may be eligible to retake at no additional cost, classes that they failed (earned an "F" or "U" grade) as a result of their medical condition. The requirements for a medical fresh start are:

1. Petition for a Medical Fresh Start within two weeks of the end of the semester in which event occurred.
2. Student had to be passing course(s) prior to event.
3. The student's incapacitation must have exceeded two weeks in duration.
4. A Medical Fresh Start applies only to illness/injury experienced by the student personally (does not include family members).
5. The student must register to re-take the affected courses within one year of filing the Petition for Medical Fresh Start.
6. The student and his/her attending physician must complete and sign the Petition for Medical Fresh Start. Form A is submitted to the Business Office by the Student with payment. The Petition for Medical Fresh Start must be mailed to the Registrar's office directly from the physician.
7. The Petition for Medical Fresh Start must be in writing and is subject to review and approval by committee(s).
8. A non-refundable petition fee of \$20.00 must be paid at the time of the time of the application.
9. Upon registration for the affected courses, the student must submit their course schedule to the Registrar so that a fee waiver can be completed for those courses.

The following questions must be completed in the presence of the Registrar. You must be able to answer "Yes" to all of the following questions to be eligible for filing for a Medical Fresh Start:

- 1) What was the catastrophic illness or injury (include supporting documentation):

- 2) Did your illness/incapacitation exceed two weeks in duration? _____ Yes _____ No

What were the dates of non-attendance? _____

- 3) Were you passing all courses prior to catastrophic event? _____ Yes _____ No

- 4) List course number and instructor's name:

By signing, I pledge that all the statements answered above are true and accurate.

Printed Name _____ Date _____

Student Signature _____ Student ID _____

Registrar's Acknowledgement _____ Term planning to use tuition waiver _____

Attach the Medical Fresh Start Application Fee of \$20.00 and submit form and fee to the Business Office

Amount Paid \$ _____ Date _____ Received by _____



Petition for Medical Fresh Start

Form B

PART I – To be completed by the Student:

Print Student's Name _____ I.D. _____

Address/City/State/Zip _____ Day Phone _____

I hereby authorize my physician to release the information requested below to Northwest State Community College.

Student's Signature _____ Date _____

PART II – To be completed by Physician:

The above named student is requesting a medical fresh start and adjustment of tuition and fees from Northwest State Community College. Please answer the following questions so that an accurate determination can be made.

Please print clearly or attach a typed explanation:

Brief description of the condition you treated the above named student for _____

Is this a pre-existing condition? _____ Yes _____ No

What was the first date you treated this student for the above condition? _____

On what date did you release this student to return to work or school? _____

Was hospitalization required: _____ No _____ Yes, if yes dates _____

Was the student subject to driving restrictions? _____ No _____ Yes, from _____ to _____

List any other physical restrictions or other factors related to this condition that would have prohibited this student from attending classes. Please print clearly or attach a typed explanation:

Is there any reason the student would not be able to attend and be successful in courses if he/she were to enroll at this time?

Printed Name of Physician _____ Date _____

Signature of Physician _____ Telephone Number _____

The physician must return this form directly to:

Connie Klingshirn, Registrar
Northwest State Community College
22600 State Route 34, Archbold, OH 43502