EMERGENCY INCOMPLETE—INFORMATION PACKET

ALL INCOMPLETE WORK FOR SPRING 2018 SEMESTER IS DUE NO LATER THAN: 06/06/2018

CONTENTS:

- Request for Emergency Incomplete
- Petition for Emergency Incomplete for Medical Reasons
- Incomplete Verification Sheet for Counseling Center

PROCESS:

1. Complete the top half of the Request for Emergency Incomplete. This form must be completed by all students requesting an Emergency Incomplete.

2. Obtain documentation. All requests for emergency incompletes must be supported by documentation.

   Documentation options include, but are not limited to:

   - Petition for Emergency Incomplete for Medical Reasons. This form may be used to document physical health emergencies; the top half is completed by the student, the bottom half by the health care provider.
   - Incomplete Verification Sheet for Counseling Center. This form may be used to document mental health emergencies if the student has visited the Counseling Center; it is completed by the Counseling Center.
   - Verification from either the Title IX Office or the Office of Disability Resources.
   - Letter directly from a health care provider.
   - Discharge paperwork from a hospital.
   - Link to or copy of an obituary.
   - Letter from a family member regarding a family emergency.
   - Other.

If you are not sure how to document your emergency, email the dean with whom you have made an appointment.

3. Bring your Request for Emergency Incomplete along with your documentation to your meeting with the dean. At your meeting you will review and discuss your request in the context of the amount of time lost due to the emergency and the coursework that you have remaining. The dean will consult with your professors; it may be helpful for you to also speak with them if you plan to request an emergency incomplete in their course.
Request for Emergency Incomplete

All incomplete work for this semester is due no later than: 06/06/2018
To be completed by the student (please print in pen)

Name ____________________________ T # ________________ OCEmail

Division: □ College □ Conservatory □ Double Degree
Class: □ First-Year □ Sophomore □ Junior □ Senior

Advisor(s) Name(s) ____________________________

List the name, number and CRN for each course in which you are requesting an incomplete (example: ANTH 101 11940)

<table>
<thead>
<tr>
<th>Course Name &amp; #</th>
<th>CRN</th>
<th>Instructor</th>
<th>Remaining End of Semester Assignments</th>
<th>Due Date(s)</th>
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Circle one of the following choices: Health Reasons or Other. If other, please provide a short explanation. This information will be shared with faculty and advisors:

The Honor Code applies to this form and to all statements and representations made in support of this request. In signing this request, I affirm that I have adhered to the Honor Code and that I understand the due date(s) and conditions for completing the incomplete work.

Student’s Signature ____________________________ Today’s Date ________________

***** Please read and sign next page*****

TO BE COMPLETED BY THE ACADEMIC ADVISING RESOURCE CENTER

<table>
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<tr>
<th>Course</th>
<th>Due Date(s)</th>
<th>Assignments to be Completed</th>
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Dean’s signature ____________________________ Today’s Date ________________

Revised 04/2018
EMERGENCY INCOMPLETE REGULATIONS

For courses in the College of Arts and Sciences, requests for incompletes must be authorized by the Academic Advising Resource Center. Emergency incompletes in conservatory courses must be authorized by the Conservatory Associate Dean for Student Academic Affairs.

Emergency incompletes may be authorized for reasons that arise from circumstances beyond the student's control. Normally, emergency incompletes are authorized for end-of-semester work, not for work missed earlier in the semester.

The due date for finishing work is set by the appropriate dean according to how much time was lost during the semester, and may not be later than the deadline noted above. Applications for emergency incompletes must be submitted to the appropriate office no later than the beginning of the final exam time for the course as scheduled by the Registrar.

The due date for work to be completed as a result of an emergency incomplete may be extended only for a documented new emergency and such an extension request must be made to the appropriate office prior to the originally approved due date.

Documentation from a healthcare provider that verifies the student’s current condition is required at the time the student makes the request for emergency incompletes. A dean may request additional information regarding the current condition.

While personal information will be treated confidentially, the professor(s) listed in the request will be consulted about the request. For courses in the arts and sciences, a copy of this form will remain in the AARC/Registrar and copies will be sent to the student’s advisor(s) as well as the professor(s) of any course for which an emergency incomplete is approved.

Graduating seniors who are approved to march at commencement should refer to the specific instructions for due dates at https://www.oberlin.edu/aarc/academic-policies-procedures/incompletes.

I understand the emergency incomplete regulations: ________________________________

Signature ________________________________ Date ________________________________
PETITION FOR EMERGENCY INCOMPLETE FOR MEDICAL REASONS

Medical emergency incompletes may be authorized by the AARC for medical illnesses and/or injuries that result in major unexpected impairment to the students' ability to complete academic work. The condition must be currently under the care of a medical provider and documentation of the impairment must be provided. While personal information will be treated confidentially, your professor(s) will be consulted about your incomplete request.

TO BE COMPLETED BY THE STUDENT

Name ______________________ T# ______________________ OC Email ______________________

Division: __________________ College: __________________ Conservatory: __________________ Double Degree: __________________

Please describe the onset of illness/injury ______________________________________________________________

______________________________________________________________________________________________

Describe briefly nature of treatment received _________________________________________________________

______________________________________________________________________________________________

Describe how the illness/injury interfered with your ability to complete academic work __________________

______________________________________________________________________________________________

Were you seen by Student Health Services: Yes __ No __

NOTE: If you received care for this illness/injury from a provider other than Student Health Services, you must present supporting documentation along with this form.

I understand and authorize that my medical records may be used in determining my eligibility for an emergency incomplete.

______________________________________________________________________________________________

______________________________________________________________________________________________

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TO BE COMPLETED BY HEALTH CARE PROVIDER

Name of provider ______________________ Phone #: ______________________

Student was seen by provider on ______________ Please list visits over the last four months __________________

______________________________________________________________________________________________

Diagnosis ____________________________________

______________________________________________________________________________________________

Treatment ____________________________________

______________________________________________________________________________________________

In your judgment, what effect has the student’s illness/injury had on his/her ability to complete academic work __________________

______________________________________________________________________________________________

Please provide supporting medical documentation on the nature of the student’s illness/injury. This information will be treated with confidentiality.

______________________________________________________________________________________________

Provider’s signature ______________________ Today’s Date ______________________
INCOMPLETE VERIFICATION SHEET
for
The Counseling Center

I give permission to The Counseling Center, Oberlin College, to release to an AARC Assistant Dean for Student Support, the number of times I have been seen in The Counseling Center during the current semester.

_________________________________________  ____________________________________________
Student name (please print)                  Student T#

_________________________________________  ___________________________________________
Signature                                    Date

* * *

I verify _____________________________________, was seen on the following dates in The Counseling Center of Oberlin College this semester:

__________________________________________

_________________________________________
Signature of Administrative Assistant
Oberlin College Counseling Center     Date