Minutes
Academic Standards Committee
February 27, 2009

Present: Debbie Chee, Ken Clark, Roseanne Fish, Kathy Hummel-Berry, Betsy Kirkpatrick, Sarah Moore, Jack Roundy, Drew Shannon, Brad Tomhave, Seth Weinberger, Carolyn Weisz, Ivy West

Weinberger called the meeting to order at 2PM.

Minutes of February 13, 2009, were approved with revisions that had been circulated.

Report of Petitions Committee: Tomhave issued the following report from the petitions committee:


- 3 Approved Late Add Petitions
- 1 Approved Re-Enrollment from a Medical Withdrawal
- 1 Approved Time Conflict
- 1 Approved Medical Withdrawal
- 1 Approved Drop Without Record
- 1 Denied Drop Without Record
- 1 Denied Drop with a W Grade (from last semester)
- 9 Total

Sub-Committee met on 2/19/2009 to approve a late add petition and to deny 2 withdrawal petitions. Prior to the meeting, the Petition Preview Team and the Registrar each approved late add petitions.

Sub-Committee met on 2/26/2009 to approve a Medical Withdrawal petition, a Re-Enrollment Petition, and a Drop-Without-Record petition. The Sub-Committee also deferred a decision on a petition to change a student’s grading option from pass/fail to graded. Prior to the meeting the Petition Preview Team approved a time conflict petition.

Total Petitions for the Year 09/05/2008 – 02/26/2009

- Registrar Approved: 26
- Preview Team Approved: 32
- Sub-Committee Approved: 44
- Total Approved: 102
- Sub-Committee No Action: 3
- Sub-Committee Denied: 18
- Total Petitions: 123
Leading petition issues:
   Late Add – 39 petitions (31.7%)
   Time Conflict – 29 petitions (23.6%)
   Total Petitions:   68 petitions (55.3%)

Continuing Business:

1) The committee resumed a discussion of the medical leave policy. Weinberger noted that Don Marshal is sick and can’t be with us but that Debbie Chee is representing the Dean of Students office. Chee circulated a draft of the current Medical Withdrawal Policy with proposed changes tracked (see attached). Chee noted that the key issues are 1) whether a psychological condition can be the basis of a medical withdrawal, and 2) whether the policy can be applied more than once for a given condition. These issues are reflected in proposed changes that delete a statement specifying that the medical withdrawal policy “is not intended to apply in situations of chronic or on-going medical, emotional, or psychological distress” and that add the category of “psychological” conditions to instructions for what a student and health care provider could describe as “conditions that prevent the student from completing the semester’s work.” Chee noted that these are important issue because outside agencies often require documentation of medical withdrawal for insurance purposes.

For historical purposes, Roundy noted that John Finney had been opposed to both of these changes (though it was not clear what Finney’s reasons were). Chee noted that, in recent history, there been examples that involve repeated medical withdrawals related to medical and/or mental health issues, which have somehow occurred even though the current policy is not designed for these situations – usually by framing issues as “sudden and catastrophic medical condition or accident” (which is part of the current language), even though the situation really better fits the description of a mental health problem and/or recurring chronic problem.

Hummel-Berry and Roundy noted that the revision was useful because having the University in the business of deciding what is “chronic” is not a good idea. Ivy West said that the revisions were a good idea and an improvement to the current policy and practices. She also noted that some students report serious problems for the first time during finals week, so we might discuss whether the policy should retain the current language stating that withdrawal “must be initiated on or before the last day of classes of the current term.” Lively discussion of this issue ensued. Several points were raised. It was noted that officially, the last day of classes mark the end of a course (although some ASC members felt that the final exam day seemed like the actual last day). It was noted
that some catastrophic emergencies such as car accidents could happen just before or during finals week, preventing a student from completing finals - although this might be handled through the petition process. Weisz asked what the purpose of such a petition would be, and whether changing the time-line to the last day of finals would be an easier solution. Hummel-Berry moved to accept the language as revised and the motion was passed (the revised language appears below).

2) The committee discussed the idea of some sort of “involuntary withdrawal policy.” Chee noted a need for a policy of this sort to handle some cases that currently can only be handled through the conduct system. The cases in question usually involve issues of mental illness that seem to be the cause of disruptive behavior in classrooms and/or living situations and in which a student will not agree to a voluntary withdrawal. Chee noted that handling issues where the cause is linked to untreated mental illness using the conduct policy (e.g., expulsion) seems punitive and not appropriate. Some sort of withdrawal policy might be more appropriate. Chee said DOS has begun looking into what other institutions do in these cases. She asked the ASC for permission to continue that work and then to report back the results for consideration. Roundy noted an objection to the term “involuntary” because it might trigger legal/liability issues. He also suggested that the solution might come in the form of modifying the newly revised medical withdrawal policy to allow initiation by either the student or the institution. Moore noted the need for a very clear statement of criterion for this sort of withdrawal to avoid any real or perceived possibility of discrimination or unfairness. West gave examples of legal problems other institutions faced by enacting involuntary withdrawals in response to suicide attempts. Hummel-Berry noted that she wouldn’t want to see students vulnerable to decisions by faculty who might not be willing to continue putting effort into a situation with a student. Someone asked how current situations are resolved. Chee offered that although these situations do not happen often, when they do happen, they go on and on because “our hands are tied” and ultimately end in a student withdrawing or failing or being expelled, or staying, - at tremendous cost to many people. Someone asked what the situations looked like. Chee gave an example of the appearance of severe medical or mental health problems that a student might not acknowledge. A question was raised about whether a student like this could succeed. Another question was raised about whether these students might show evidence of self-harm and what policies would apply in that case. Chee explained that mechanisms to address self-harm exist, but lead to mandated counseling rather than academic withdrawal. She also noted that there has never been a failure to comply with mandated counseling, but if that happened, a student could be expelled through the conduct policy. It was also noted that, a student could be withdrawn from individual
courses through the disruption policy, but Roundy noted that this raises ethical issues if the cause is linked to a medical or mental health problem, which the disruption policy is not designed to address. Further discussion focused on examples where there was difficulty getting students to agree to a medical withdrawal for a problem that was creating stress for other students in their living situation. The punitive nature of the label of “involuntary withdrawal” was articulated. It was also noted that there may be legal issues if problems are not addressed and then a student with a mental health issue commits acts of violence.

Chee also noted that there may be situations in which the student in question does not have medical documentation of a problem because they refuse to be evaluated or treated. This point raised discussion about the necessity of medical documentation for liability reasons if we are to create some kind of involuntary withdrawal procedure. Chee noted that there are models of this sort, but that results of evaluations are usually bound by confidentiality. It was suggested that a professional evaluator could determine whether or not a student was able to continue, and a point was raised about whether CHWS might worry about making this determination. It was agreed that Chee should continue to seek information and that discussion would continue.

Medical Withdrawal Policy
Medical withdrawal may be an appropriate response to a medical or psychological condition that prevents a student from completing the semester’s work.

The Academic Standards Committee may permit medical withdrawal when the following steps are taken:

1. The student must withdraw from all courses. Withdrawal must be initiated on or before the last day of classes of the current term.
2. The student must submit to the Registrar a personal statement and a health care provider's statement describing the medical or psychological conditions that prevent the student from completing the semester’s work. The Registrar or the Academic Standards Committee may wish to consult with the student before acting on the petition.
3. The Registrar makes a recommendation to the Academic Standards Committee, which then makes the final decision.
4. If the medical withdrawal is approved, the student will receive grades of "W" (passing withdrawal) in all courses.

A student may return from a medical withdrawal with the permission of the Academic Standards Committee. Permission may be granted with an approved re-enrollment petition to the Committee that includes the student's personal statement, a health care provider's statement, and any other statement or documentation required by the Committee. Health care providers may also stipulate conditions under which re-enrollment will be permitted; the student must meet such conditions and any continuing conditions set by a health care provider.

Medical withdrawal petition forms, health care provider forms, and medical withdrawal re-enrollment forms may be obtained from the Office of the Registrar.