

Student Medical Leave

Medical Withdraw

Students requesting a medical withdrawal based on a physical or mental health condition should consult with the Vice President for Student Affairs or designee. The student is responsible for providing documentation from either the Director of the Student Health Center, the Director of Counseling or another appropriate medical or mental health professional.

This documentation should include:

1. A summary of the medical or mental health condition leading to the request for medical withdrawal;
2. T
3. A specific request for either a full or partial withdrawal for the current academic term, and, in the latter case, the specific courses for which the withdrawal is requested;
4. The requested duration of the medical withdrawal if for longer than the current term; and
5. Conditions, if any, that must be satisfied before the student re-enrolls at the university.

is determined that the student is suffering from a medical or mental disorder, and, as a result of the disorder, engages in or threatens to engage in behavior that:

- a) poses a significant risk of causing physical harm to self or others, or
- b) may result in significant property damage, or
- c) directly and substantially impedes the educational processes of the university.

2. These standards do not preclude removal from OIT, or campus housing, in accordance with the Terms and Conditions of the Housing Contract, or the OIT Student Conduct Code, hereafter referred to as the Conduct Code.

Referral for Evaluation

3. If the Vice President for Student Affairs* (VPSA) reasonably believes that the student may meet the criteria set forth in point 1, the VPSA may refer a student for evaluation by a psychiatrist, licensed psychologist, licensed clinical social worker, psychiatric nurse practitioner, or other medical doctor (for non-psychiatric conditions). The specific health professional selected to conduct the evaluation must be competent to provide an effective assessment relevant to the evaluation questions at hand. In cases where the VPSA selects the evaluator, OIT will pay the cost of the evaluation. In cases where the student selects the evaluator, the student will be responsible for the costs of the assessment. Students who choose to select their own evaluator are encouraged to contact the VPSA prior to the assessment. The VPSA can provide such students with feedback regarding the potential acceptability of the evaluator.

4. Students referred for evaluation in accordance with point 3 (above) shall be so informed in writing, either by personal delivery or by certified mail, and shall be given a copy of these

personally before the VPSA in order to challenge the necessity of the evaluation. The evaluation must be completed within five academic days from the date of the referral letter, unless an extension is granted by the VPSA in writing.

5. Prior to any evaluation, the student being evaluated must sign a release of information form that authorizes the university to share appropriate relevant background information with the selected evaluator. Release forms are available through the office of the VPSA. The VPSA will typically then contact the evaluator to provide relevant background information.

6.

Integrated Student Health Center Director. The Director will review the information along with other third-

relevant information obtained during the stu
following actions within three academic days:

pppearance, and take one of the

- a) cancel the Interim Withdrawal and the Involuntary Withdrawal process
- b) cancel the Interim Withdrawal but proceed with the Involuntary Withdrawal process; or
- c) maintain the Interim Withdrawal and proceed with the Involuntary Withdrawal process In cases where the VPSA has decided to proceed with the Involuntary

pursuant to point 6 may be asked to appear at the informal hearing, and to respond to relevant questions, upon request of any party, if the VPSA determines that such participation would assist in the resolution of issues in the case.

h) The VPSA may ask and/or permit a university official to appear at the informal hearing and to present evidence in support of any withdrawal recommendation. Such evidence will not be presented by legal counsel for the university.

i) The informal hearing shall be tape recorded by the VPSA. The tape(s) shall be kept with the pertinent case file for as long as the case file is maintained by the institution.

j) A written decision shall be rendered by the VPSA within five academic days after the completion of the informal hearing. The written decision, which should be mailed or personally delivered to the student, shall contain a statement of reasons for any determination leading to Involuntary Withdrawal. The student should also be advised as to when a petition for reinstatement would be considered, along with any conditions for reinstatement.

k) The decision of the VPSA shall be subject to appeal to the university President, whose decision will be final and conclusive.

Deviations from Established Procedures

APPENDIX A: OIT Student Medical Leave Evaluation Form

_____ is a student at Oregon Institute of Technology (OIT). Based on information available to the Office of Student Affairs, this student may have a medical or mental health disorder, and, as a result of that disorder, be engaging in, or threatening to engage in, behavior that:

- 1) Poses a significant risk of causing physical harm to self or others; or
- 2) May result in significant property damage; or
- 3) Directly and substantially impedes the educational processes of the university.

The Vice President for Student Affairs/Dean of Students has required this student to receive a professional evaluation by a psychiatrist, licensed psychologist, licensed clinical social worker, psychiatric nurse practitioner, or other medical doctor (for non-psychiatric conditions) in order to determine the necessity of medical leave for the student. (Medical leave is typically granted or required in situations when a student needs time to engage in treatment or otherwise improve functioning prior to returning to his/her studies.)

review this information prior to the evaluation. A release of information form is also attached.

Following the evaluation, this completed form (or a report containing the information requested herein) should be submitted to:

Dr. Erin Foley Ph.D.: Vice President for Student Affairs and Dean of Students
Oregon Institute of Technology
3201 Campus Drive, Klamath Falls, OR 97601

In some cases, OIT will pay the cost for this evaluation, while in other cases the student is responsible for the cost. Please address billing questions to Connie Dernbach at 541 885-1011. Please address other questions to Dr. Erin Foley at the same phone number. Thank you for your assistance.

Name of professional conducting the evaluation: _____
(please print)

Indicate occupation:

____ Psychiatrist _____ Licensed Clinical Social Worker
____ Licensed Psychologist _____ Psychiatric Nurse Practitioner
____ Other Physician (indicate specialty, if any _____)

Date of evaluation: _____

_____ Phone Number: _____

Please address the following questions:

1.