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 after reading and initialing the second page.
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.
- 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.
OFFICE OF THE DEAN OF STUDIES

REQUEST FOR EMERGENCY INCOMPLETE

ALL INCOMPLETE WORK FOR THIS SEMESTER IS DUE NO LATER THAN: 05/31/2017

EMERGENCY INCOMPLETE REGULATIONS—PLEASE SEE NEXT PAGE

TO BE COMPLETED BY THE STUDENT

Name ___________________________ T # ______________ OCMR _____________

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

Advisor(s) Name(s) (please print) ________________________________

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 (please print)</th>
<th>FC or HC/Credits</th>
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Briefly specify the reason(s) for requesting an emergency incomplete (please see reverse):

__________________________________________________________________________

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 _____________

TO BE COMPLETED BY THE OFFICE OF THE DEAN OF STUDIES

Instructor(s) must receive the incomplete work no later than:

<table>
<thead>
<tr>
<th>Course</th>
<th>Due Date</th>
<th>Course Work to Complete</th>
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</thead>
<tbody>
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Dean’s signature ___________________________ Today’s Date _____________

***** Please complete other side. *****

Revised 03/2017
EMERGENCY INCOMPLETE REGULATIONS

For courses in the College of Arts and Sciences, requests for incompletes must be authorized by the Dean of Studies. 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 dean’s 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 dean’s 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. (Students who have established accommodations through the Office of Disability Services in the current semester can submit the documentation on file to support their request. 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 Office of the Dean of Studies 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 http://ncw.oberlin.edu/office/dean-of-studies/academic/academic-policies/incompletes.dot.

I understand the emergency incomplete regulations: ______________  ______________

Initials  Date

Revised 03/2017
PETITION FOR EMERGENCY INCOMPLETE FOR MEDICAL REASONS

Medical emergency incompletes may be authorized by the Dean of Studies 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 ____________________________

Division: ____________________________

T# ____________________________

College ____________________________

OCMR ____________________________

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.

Student’s Signature ____________________________

Today’s Date ____________________________

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 ____________________________

Please return this form to the Office of the Dean of Studies or fax to: 440-775-6369.
INCOMPLETE VERIFICATION SHEET
for
The Counseling Center

I give permission to The Counseling Center, Oberlin College, to release to Joyce Babyak, Dean of Studies, 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  Date
Oberlin College Counseling Center