Medical Fresh Start Application

Registrar's Office, Room C120
22600 State Route 34
Archbold, OH 43502
Voice 419-267-1395 Fax 419-267-5604

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 a "U" or "F" 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. This application is submitted to the Business Office by the student with the non-refundable fee of $20.
7. Form B must be mailed to the Registrar's Office directly from the physician.
8. The Petition for Medical Fresh Start must be in writing and is subject to review and approval by committee(s).
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.

TO BE COMPLETED BY STUDENT (PREASE PRINT):

First Name: _____ Last Name:_____ NSCC #_____

Daytime Telephone: (_____) _____ NSCC email: _____ @students.northweststate.edu

Street Address: _____ City: _____ State: _____ Zip Code:_____

What was the catastrophic illness or injury (attach supporting documentation)?

_____

What were dates of incapacitation? From _____ to _____ Were driving privileges restricted? ☐ Yes ☐ No

What were dates of non-attendance? From _____ to _____

Were you passing all courses prior to the catastrophic event? ☐ Yes ☐ No

Courses to be considered for Medical Fresh State are:

Subject and course number:	Instructor name:	Passing prior to catastrophic event?
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No
_____	_____	☐ Yes ☐ No

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

Student Signature _____ Date _____ Term planning to use waiver _____

TO BE COMPLETED BY BUSINESS OFFICE FOR FEE OF $20: **BO Staff:** _____ **Receipt:**_____ **Date** _____

TO BE COMPLETED BY REGISTRAR: ☐ Approved ☐ Denied Reason: _____

Registrar _____ Date _____

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TO BE COMPLETED BY STUDENT (PREASE PRINT):

First Name: _____ Last Name:_____ Daytime Telephone: (_____) _____

Street Address: _____ City: _____ State: _____ Zip Code:_____

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

Student Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN OR DESIGNEE (PREASE PRINT):

The above named student is requesting a medical fresh start, which is a tuition and fee waive. Please answer the following questions so that an accurate determination can be made.

Please print clearly or attach a typed explanation:

Provide a brief description of the condition patient named above was treated for: _____

_____

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

First date you treated patient for the above condition? _____

Was hospitalization required? ☐ Yes, from date _____ to date _____ ☐ No

Was patient subject to driving restrictions? ☐ Yes, from date _____ to date _____ ☐ No

What date was student released to return to school or work? _____

List any other physical restrictions or other factors to this condition that would have prohibited patient from attending classes. **Please print clearly or attached a typed explanation**. _____

_____

_____

Is there any reason the patient would not be able to attend and be successful in courses if patient were to begin classes now?

_____

Printed Name of Physician or designee _____ Date _____

Signature of Physician or designee _____ Telephone Number _____

The physician or designee must return this form directly to the address above.