



## MEMO

Date: <Date>

To: <Student Name>

From: <CARE Team Chair>

Cc: <Vice President of Student Life>; <Other supportive Mines faculty/staff member who may help communicate to student>

**RE: Notice of Involuntary Leave of Absence Policy and Behavioral Expectations**

<Student Name>,

Involuntary Leave of Absence policy, which can be found in its entirety through [\\_\\_\\_\\_\\_](#) Based on your past behavior, you may be subject to this policy if such concerning behavior continues.

### **Policy Summary:**

Mines provides a range of support services to address the medical needs of students, including mental health needs, within the context of our educational community. When students experience medical needs that require treatment beyond what Mines provides, or a level of treatment that is uncondusive to either the educational community and students may voluntarily elect to take a Complete Withdrawal or Complete Extenuating Circumstances Withdrawal, as outlined in the Student Catalog. In the absence of a voluntary withdrawal, Mines may place a graduate or undergraduate student on Involuntary Leave of Absence under any of the following circumstances:

When a student is unable or unwilling to carry out substantial self-care obligations or otherwise safely and effectively participate in the educational program, or

When current medical knowledge and/or the best available objective evidence indicates that a student poses a significant risk to the health or safety of themselves or others, not based on speculation, stereotypes, or generalizations, or



harm, whether the risk can be reasonably mitigated, and relevant medical and non-medical observations and information.

During an Involuntary Leave of Absence, a student is not enrolled in courses at Colorado School of Mines and may not participate in activities and services that are reserved for enrolled students, including but not limited to Mines housing and health and counseling services.

The Involuntary Leave of Absence Policy is not a substitute for the academic or student code of conduct policies and adjudication process, nor does an Involuntary Leave of

The Involuntary Leave of Absence Policy does not govern requests for full or partial refund of tuition and fees, nor is it intended to address potential impacts to student funding, or financial aid during any leave of absence or withdrawal. Student tuition and fees refund requests are governed by the Payments and Refunds policy found in the Colorado School of Mines Catalog. Financial aid is governed by federal, state, and university policy.

### **Commitment to Partnering for Student Success:**

Mines is committed to partnering with students to offer and develop reasonable solutions to help students remain in the educational community where possible, take a voluntary leave of absence or withdrawal, and/or return to Mines following a withdrawal or Involuntary Leave of Absence. The specific actions and solutions Mines may



- Opportunity for the student to respond to such notices
- Opportunity for student to provide documentation from outside medical and/or mental health provider
- Notification of designated emergency contacts where notification is necessary to protect the health and safety of the student or other third-parties
- Consultation regarding housing options during and after Involuntary Leave of Absence

**Summary of Concerning Behaviors**

The following is a summary of your concerning behaviors to date:  
 <List concerning behaviors, in summary format, with dates>

**Summary of Past Actions and Recommendations**

To date, Mines has undertaken the following actions, recommendations, and referrals to support your success:  
 <List actions taken, recommendations or referrals made, and dates of each action>

**Summary of Ongoing or Future Recommendations**

In order to support your personal and academic success going forward, the following recommendations are set forth:  
 <List recommendations, and required deadlines (if applicable)>

*I understand the above summary of the Involuntary Leave of Absence policy.* \_\_\_\_\_  
 (initials)

*I understand the above recommendations, resources, and options available to me, including the voluntary withdrawal and leave of absence options.* \_\_\_\_\_  
 (initials)

*I acknowledge that I have received a copy of this memo, understand it, and have had the opportunity to ask my questions and have them answered.* \_\_\_\_\_  
 (initials)

Signed:

\_\_\_\_\_  
 Student Date

\_\_\_\_\_  
 CARE Team Chair Date