

**Goldfarb School of Nursing (GSON) at Barnes-Jewish College
Student Experience and Development Policies/Procedures**

TITLE: Bereavement Policy – GSON Students

SUBMITTED/REVIEWED BY: Edward Gricius, MS
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Policy Statement

Goldfarb School of Nursing at Barnes-Jewish College recognizes that students may experience the death of an immediate family member during the course of an academic term/program. To promote the general mental health of our students, this policy provides a formal process to allow grieving students the opportunity to attend a funeral and fulfill other family responsibilities during times of death and grief. The College seeks to reasonably accommodate absences due to bereavement while maintaining focus on the academic schedule and student's academic success. As a result, a student should not be penalized for missing a class, examination, lab simulation or clinical requirement due to a family death.

NOTE: This policy is not seen as a substitute for good communication between students and their faculty members around missed classes or assignments, but rather as a complement to that communication to assist students when they are grieving.

Procedure

- A. Students requesting an excused absence due to an immediate family member's death must submit written notice in advance of the date requested or as soon as possible when a family member's death occurs. For purposes of this policy, the immediate family is defined as parents, siblings, spouse or same gender domestic partner, child, including child of a same gender domestic partner – biological, step, adopted, foster or legal ward, grandparents, including great grandparents, grandchild, including grandchild of a same gender domestic partner. In-laws, step and same gender domestic partner relationships of all of the above are also covered.
- B. The Bereavement policy and request form are available on the college website. Students are encouraged to consult with their Academic and Student Support Advisor to discuss any questions related to this policy and procedures.
- C. The student must complete the "Student Absence Request for Bereavement" form and obtain the signatures of the faculty member of each course or activity impacted by the absence. The completed form should be submitted to your Academic and Student Support Advisor for filing.
- D. Students who miss class for bereavement may be granted the opportunity to make up work missed, without penalty, due to the absence. Make up tests, labs, and assignments may take an alternative form than that originally given to maintain the integrity of the assignment. It is the

student's responsibility to make arrangements with their instructor(s) to fulfill their obligations within the timeframe recommended by the instructor(s).

- E. In the event the absence falls on a simulation or clinical day, it is especially important the student adheres to the recommendations of the instructor. Certain policies may apply to clinical absences, and these will be clearly stated to the student who must miss a clinical experience.
- F. If the instructor denies the request or the student and instructor are unable to come to a mutually acceptable agreement, the matter should be referred to the Director of the respective program for resolution.
- G. The College may require documentation of the immediate family member's death or funeral service.

The College recommends the Student Assistance Program (SAP), GSON's counseling provider to assist and provide counseling services if so desired by the student and student's family members. Call 24/7 – 314.747-7490 or 888.505-6444 or for more information go to www.bjceap.com.

Request for Family Bereavement:
Student Absence Form

Students requesting absence from class for the death of an immediate family member must complete this form and request permission in advance or as soon as possible when seeking an absence due to family bereavement. Please note that a form must be obtained and signed from each class in which the student will be absent.

Today's Date: _____

Student Name: _____

Requested Date(s) of Absence: _____ Reason for request: _____

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Course Leader Sign Off

By signing below, both the instructor and student are confirming that expectations for making up missed work have been clearly communicated and documented.

Class/Clinical/Simulation Lab: _____

Course Leader(s): _____

Date: _____

Course Leader signature: _____

Student signature: _____ Date: _____

NOTE: Provided completed form to your Academic Advisor for filing.