

The Relationship Between Strict Late Paper Deadlines and the Morbidity and Mortality of Students' Relatives

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PRECIS

Strict late paper policies were found to have a significant effect on the morbidity and mortality of the relatives of students. Grandmothers were most strongly affected, having 22 times less mortality if a professor stuck with a strict, i.e. no excuse, late policy.

ABSTRACT

Retire, and for some; less is more, more or less. Together, honest, word and deed. Arise! The time is now, not yesterday; our fathers (and the fathers of our fathers) rejoice in all diligence.

INTRODUCTION

Over the course of a number of classes at a number of universities, we have noticed a relationship between work being assigned and the frequency with which students' relatives either became sick, or died. An experiment was undertaken to assess this relationship.

METHODS

For a period of six terms (three years) two concurrent lecture courses were assigned as either experimental (strict deadline) or control courses. For the experimental class, a HARSH (Having Absolutely Rigid Standards on Homework) late policy was announced on the first day of the semester, and was written on the syllabus. The policy was stated as: "No excuses will be

accepted for late papers. None at all. Late papers will receive a zero. There will be no make-up exams given. All late work may as well be thrown away. Show up or shut up." For the control class, on the first day of the class and on the syllabus a LOOSE (Leniency On Outrageously Slimy Excuses) policy was stated: "late papers will only be excused for reasonable reasons". For both experimental and control treatments, records of morbidity and mortality of relatives (as stated in excuses) were recorded, along with the date of the event, type of relative, the length of the up-coming paper, length of time to the next or from the most recent vacation, sex of student, degree of sunburn/tan, course, year in school, and major. Exams were entered as equivalent to a 12-page paper.

RESULTS

There were significant differences between the morbidity and mortality (MORBYMORT) rates of students' relatives in HARSH courses and LOOSE courses (Table 1).

Temporal aspect of relative MORBYMORT was also significantly different between experimental and control groups (Figure 1). In the experimental treatment, relatives were sick or died only within the first 3 weeks of the class, with but one exception. For the control classes, relatives were sick and died throughout the term, the most often being near the end of the course.

An analysis of variance was run for the control group to try to explain the variance in the time of MORBYMORT. Most of the variability was explained by the length of the assignment due ($p < .001$): the longer the assignment, the more likely there

would be relative MORBYMORT. Timing of the event was also influenced by the schedule of vacations ($p < .05$). Relatives tended not to die around holidays. No variability was explained by student sex, class, major, semester, course type or sunburn/tan (all students always had a tan).

Grandmothers were by far the hardest hit (Table 2). Over 76% of the relatives involved in MORBYMORT were grandmothers, next most common was grandfathers, then fathers. Mothers, siblings, aunts and uncles and other relatives do not appear to be influenced.

DISCUSSION

There is a very strong relationship between the strictness of the late paper policy and relatives' health. Relatives do best if no late papers are accepted. Under a HARSH policy, if the relatives can survive the first three weeks of the course, then they are most likely safe for the rest of the course. If a LOOSE policy is adopted, relatives beware! Grandmothers die off at an alarming rate, particularly if there is a long paper due. If it is near Thanksgiving or spring break, relatives can breathe easier.

It is interesting that grandmothers are so susceptible. Presumably they are about the same age as grandfathers + 7 years, yet they die 10 times more frequently. It seems not to be a function of sex, as mothers had the highest survivorship in the experiment.

Finally, we feel that the Surgeon General should examine the late policies currently in use in American colleges and

universities. If the data here are representative of most schools, then LOOSE policies are vastly increasing the morbidity and mortality of family members of college students throughout the country. At this rate, on a country-wide basis, the difference between HARSH and LOOSE policies represents 1.34×10^6 events of relative morbidity and mortality per year², and in particular, the unnecessary death of 512,846 grandmothers each semester^{4,5}.

ACKNOWLEDGEMENTS

This work was supported by a grant from Lenny's Actuarial Theory Endowment. The research was actually completed in the early 70's, but we are just now getting around to writing it up, due to a series of funerals and weddings. Further, the first draft was torn up by a dog, and the computer ate the next.

1. Order of authorship determined by arm-wrestling.
2. No, we did not just make these numbers up. Based on $(\text{MORBYMORT}_{\text{LOOSE}} - \text{MORBYMORT}_{\text{HARSH}}) \times 11,128,000$ students in the country $\times 2$ semesters.³
3. Statistical Abstract of the U.S. 1987.
4. And we didn't pull this number out of a hat either. See notes 2 and 3.⁶
5. Also in the scheduling of deportation hearings and military service in Europe for some students; these appear also to be correlated with midterm exams, although the instances of these are so few as to not support a rigorous statistical analysis (Ligare, pers. comm. 1986).

Table 1. MORBYMORT Events for HARSH and LOOSE Treatments

| | LOOSE | HARSH |
|----------------------------|--------|---------|
| Mortality | 103 | 6 |
| Morbidity | 7 | 1 |
| number of students | 1712 | 1670 |
| MORBYMORT rate/student/sem | 0.0643 | 0.00419 |

Table 2. Mortality and Morbidity For Each Relative Type For HARSH and LOOSE Treatments

Number of events (Mortality/Morbidity)

| | Control (LOOSE) | Experimental (HARSH) |
|-------------|--------------------|-------------------------|
| Grandmother | 83/2 | 4/0 |
| Grandfather | 8/1 | 1/0 |
| Mother | 1/3 | 1/1 |
| Father | 5/1 | 0/0 |
| Sibling | 1/0 | 0/0 |
| Aunt+Uncle | 3/0 | 0/0 |
| Other | 2/0 | 0/0 |
| TOTAL | 103/7 | 6/1 |

Figure 1. Frequency histogram of the date of MORBYMORT events for HARSH and LOOSE treatments.

