UNLV students may apply for a Voluntary Health Withdrawal (VHW) if they experience medical or psychological conditions that significantly impair their ability to function successfully and safely in their role as a student. Students must submit required documentation from a licensed health/mental health provider to the Voluntary Health Withdrawal Committee (VHWC). At no additional charge, students may receive a medical or psychological evaluation from Student Wellness which includes the Student Health Center (702-895-3370), Student Counseling and Psychological Services (CAPS) (702-895-3627), and Behavioral Health Services (702-895-3627).

An Authorization for Release of Protected Health Information (PHI) will be required to share the PHI with the VHWC which maintains the confidentiality of all PHI received from students. The committee may disclose that you have requested a VHW to other UNLV departments such as the Registrar’s Office as necessary. Specific details about your medical or mental health will not be disclosed.

A student must be enrolled in the current semester to be eligible for a VHW and it can only be applied to the current semester before grades are posted. A VHW cannot override a posted grade. If a grade has been posted, the student must go through the Faculty Senate petition process. Students can learn more about that on the Faculty Senate website. Visit: https://www.unlv.edu/facultysenate/student-resources/general-petition. Please note that if you are taking a term-length course, grades may be posted before the official VHW deadline. For the exact date of the submission deadline for the current semester, visit: https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal. The deadlines are firm.

**If A VHW IS APPROVED:**

All classes for the semester are removed from the student’s transcript. The student cannot select “1 or 2” courses; a VHW applies to all courses for the semester. The student is placed in “leave of absence” (LOA) status and an administrative hold is placed on the student’s academic transcript. This ensures compliance with withdrawal agreements and to prevents unauthorized reenrollment in future semesters by the student. The student cannot enroll in future semesters until the student has undergone treatment. It is expected that the time a student takes away from the University (typically one semester) will be used for treatment and recovery.

**Tuition Refunds:** The student may be eligible for a refund of a portion of the semester’s tuition in accordance with applicable University policies and procedures. Special fees - course fee, lab fee, facility fee, etc. - cannot be refunded. A refund of tuition is not guaranteed for all approved withdrawals.

**Financial Aid:** It is very important that the student contact Financial Aid and Scholarship prior to requesting a voluntary health withdrawal if any financial aid or scholarships were received for the semester/term. In some cases involving financial aid, a student will not receive a refund since they technically did not utilize ("earn") their financial aid. Furthermore, unearned portions of financial aid received may need to be returned to the Cashier/Student Accounts Office according to U.S. Department of Education regulations, which may result in the student owing money to UNLV. Receiving a VHW does not absolve a student from Financial Aid policies nor the responsibilities involved in accepting financial aid and scholarship funds. Financial Aid Counselors can discuss all financial aid eligibility issues based upon the voluntary health withdrawal.

**Military and Veteran's Services:** It is very important that the student contact Military and Veteran's Services Center prior to requesting a voluntary health withdrawal if any financial aid or scholarships were received for the semester/term. In some cases, involving financial assistance or scholarship via the Military and Veteran’s Services, a student will not receive a refund since they technically did not utilize ("earn") their financial aid. Portions of financial assistance received may need to be returned according to federal law and University policies and procedures, resulting in an amount owed to UNLV.

**Student Housing/UNLV Residential Halls:** If the student is living in UNLV Residence Hall(s) (which for the purpose of this document, consists of the Dayton Complex, Tonopah Complex, South Complex, and the Upper-Class Complex (UCC)), their UNLV Office of Housing and Residential Life Residence and Dining Hall License Contract will be terminated on a prorated basis and a refund shall be issued based on the per diem rate for the unused portion of the semester. The student living in the UNLV Residence Halls must contact UNLV Housing and Residential Life at housing@unlv.edu or (702) 895-3489 for details and fill out a Request for Contract Release at

https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal
https://unlv.co1.qualtrics.com/jfe/form/SV_bOswhSTytHFLRY. Please note that the UNLV Office of Housing and Residential Life Residence and Dining Hall License Contract requires that unenrolled students vacate the UNLV Residence Halls within 72 hours after a loss of status, so it is very important to promptly contact the UNLV Office of Housing and Residential Life. The amount of the refund shall be determined as of the date the student removes all belongings, surrenders the room key, and officially checks out of the assigned UNLV Residence Hall. If the student lives at the U District, or lives off-campus, the terms of your lease upon approval of a VHW are not the responsibility of UNLV and must be discussed with the property owner.

The VHW policy does not extend to family members who are ill. If a student experiences hardship due to caring for an ailing family member, the student can submit a petition to the Faculty Senate based on extenuating circumstances.

A student on VHW leave is not eligible to utilize Student Wellness Center services.

Care Management services are available to students approved for a Voluntary Health Withdrawal in order to ensure students are connected to appropriate community resources to address their unique needs. Connecting with the necessary supports to improve your overall health and well-being can help to prepare you for a successful return to your studies. Resources could include but are not limited to:

- Medical Providers
- Mental Health Providers
- Financial Supports
- Support Groups
- Insurance Assistance

Our Care Management Department is here to assist you through this time and is available to answer questions about resources and services. Contact the Student Wellness Care Manager at 702-895-4146.

FORMS REQUIRED TO REQUEST A VHW
There are four (4) forms required to request a VHW. The forms can be found online on our VHW website. Visit: https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal

All 4 forms **must** be submitted. A letter or “doctor’s note” does not supersede or replace any of the forms listed above.

Do **not** submit Voluntary Health Withdrawal paperwork to Enrollment Services, OISS, your academic advisor, etc.

FORMS REQUIRED TO RETURN TO UNLV FROM VHW
There are three (3) forms required to Request to Return from a Voluntary Health Withdrawal. These forms are mailed to the student after their initial request for VHW has been approved and processed. If the student needs additional forms, they can be found on the VHW website or by sending a request to vhw@unlv.edu.

Students must meet the following conditions in order to be eligible to return from a VHW and pursue reenrollment:

- A substantial improvement of the medical and/or psychological condition or symptoms that precipitated the need for a Health Withdrawal.
- The ability to function safely, as evidenced by a substantial reduction of any relevant welfare-related behaviors, including, but not limited to suicidal behaviors, self-injury behaviors, substance abuse, purging or other potentially harmful compensatory behaviors used for weight management, or failure to maintain weight at a minimum of 90% of normal body weight for age and height.
- The student will need to identify and work towards recovery with a licensed off-campus medical/mental health provider who must complete the UNLV Medical/Mental Health Clearance Form attesting to the improvement via treatment and submit the form to the VHWC to review. The VHWC will determine whether the conditions of return have been satisfactorily met.
- The VHWC may involve an evaluation with a Student Wellness clinician, and if relevant, other medical or psychological providers.
- The VHWC must receive the written request to return to UNLV and have all required documentation by **April 1** for a proposed summer semester return, **July 1** for a proposed fall semester return, and **November 1** for a proposed spring semester return. If a student does not meet one of these deadlines, their return from a Health Withdrawal may be delayed.
Student Checklist for Requesting a Health Withdrawal

1. Complete the following steps before submitting a request for a Voluntary Health Withdrawal (VHW).

☐ □ It is very important to contact the Financial Aid and Scholarships Office, to discuss how a withdrawal may affect your eligibility. Your possible tuition reimbursement amount may be impacted by your financial aid/scholarship OR withdrawal could result in amount owed to UNLV. You can contact the Financial Aid and Scholarships Office via the Self-Service Help Center, calling 702-895-3424, or visiting the office on the second floor of the Reynolds Student Services Complex, Building A.

☐ □ Contact the Registrar’s office at (702) 895-3443 if you have questions about whether you are eligible for a refund of a portion of the semester/s tuition. Not all fees can be refunded, and a refund of tuition is not guaranteed for all approved withdrawals.

☐ □ Contact the Advising Office of your particular college/school to find out what specific academic conditions or restrictions will apply to you in conjunction with a VHW, if granted.

☐ □ Students who live in residential housing should contact UNLV Housing and Residential Life (702) 895-3489 to determine specific conditions or restrictions will apply in conjunction with a health withdrawal, if granted.

☐ □ Contact your health insurance carrier to determine how a withdrawal will impact your insurance coverage by contacting the insurance provider at the number listed on your insurance card. Students on the UNLV Student Health Insurance Plan should also visit https://www.unlv.edu/studentwellness/health-center/health-insurance.

☐ □ Graduate Students must contact the Graduate College at (702) 895-5773 or GradRebel@unlv.edu to determine if you are eligible to take a leave of absence or proceed with a medical withdrawal.

☐ □ If you have received financial assistance or scholarship via the Military and Veteran’s Service Center (702) 895-2290, please call to discuss any ramifications and/or possible balance owed as a result of voluntary health withdrawal.

☐ □ If you are an international student (F-1 visa), you must inform an Office of International Students and Scholars (OISS) advisor that you are applying for withdrawal by calling (702) 774-6477 or visiting SSC-A 201.

☐ □ Student athletes should contact the Student Athlete Academic Services (SAAS) office in the Lied Athletic Complex or call (702) 895-3177 to speak with their team’s specific eligibility specialist.

I have read the above checklist and information, I have contacted the applicable departments, and I understand the Committee may need to contact other UNLV departments when processing my request for a voluntary health withdrawal:

Student Signature: ___________________________ Date: ____________________

2. Complete the following steps to request a VHW:

☐ □ Read, complete and sign the Request for a Voluntary Health Withdrawal form. Please include a signed copy of this Student Checklist.

☐ □ Send the Health Care Provider Evaluation Summary for health Withdrawal form to your current provider(s) to document reasons to support your VHW.

☐ □ Include a signed Authorization for the Release of Protected Health Information form to allow communication between your current provider and the VHWC.

☐ □ Submit all completed paperwork to:

Fax (702) 895-4316
VHW@unlv.edu
UNLV Voluntary Health Withdrawal Committee
Box 452005
44505 S. Maryland Parkway, Las Vegas, NV 89154-2005
Phone (702) 895-0136 / Contact: vhw@unlv.edu
Request for a Voluntary Health Withdrawal

I have read the information provided and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a Voluntary Health Withdrawal. I accept these conditions and deadlines as part of my responsibilities in taking a Voluntary Health Withdrawal from UNLV. I agree to abide by these conditions, and I voluntarily request that the Health Withdrawal Committee issue a recommendation that I be granted a withdrawal for health reasons. I understand that my signing this form does not guarantee that I will receive a Voluntary Health Withdrawal.

TO BE COMPLETED BY STUDENT:
Reason for requesting a Voluntary Health Withdrawal (be as specific as possible):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Applicant: __________________________________________

________________________________________________________________________

Date______________________________________

Major_____________________________________

Printed Legal Name of Applicant: __________________________________________

Printed Preferred Name of Applicant: __________________________________________

Student’s NSHE #__________________________

Applicant contact information regarding this leave:
Mailing Address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

CITY ST ZIP CODE

Telephone_________________________________

Email_____________________________________

Please check as applicable:
- Do you receive financial aid or scholarship?
  Yes ☐ No ☐
- Are you registered with OISS?
  Yes ☐ No ☐
- Are you a graduate student?
  Yes ☐ No ☐
- Are you a nursing school student?
  Yes ☐ No ☐
- Are you a dental school student?
  Yes ☐ No ☐
- Are you affiliated with campus Military and Veteran’s Services?
  Yes ☐ No ☐
- Are you an NCAA athlete?
  Yes ☐ No ☐
- Do you live in the residence halls?
  Yes ☐ No ☐
Health Care Provider Evaluation Summary for Health Withdrawal

To be completed by the student:

Student’s Name(s):__________________________________ Student’s Date of Birth:___________________
Student’s NSHE #: __________________________________ Today’s Date:___________________________

To be completed by the health care provider:

Describe the student’s condition and check all that apply:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Recent Safety Related Behaviors
___ Suicidal ideation with lethality or imminence
___ Suicidal gesture or attempt
___ Self-injury behaviors
___ Failure to maintain minimum body weight
___ Otherwise unsafe to remain on campus
___ Disruptive to campus community
___ Failure to engage in essential self-care activities
___ Other:_______________________________________

Recent Function Impairment
___ Marked academic impairment
___ Frequent missed classes
___ Inability to complete Activities of Daily Living
___ Other:_______________________________________

Recent Disruptive Life Circumstances
___ Physical or Sexual assault
___ Family problems
___ Financial problems
___ Legal/Office of Student Conduct issues
___ Other:_______________________________________

Existing Treatment Situation
___ Failure to respond adequately to current treatment efforts
___ Recent hospitalization
___ Need for hospitalization or other inpatient treatment at this time
___ Other:_______________________________________

Brief history of symptoms/condition:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Diagnoses:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Health Care Provider Evaluation Summary for Health Withdrawal

Treatment history:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Describe the reason(s) why the student’s condition warrants a health withdrawal:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Treatment recommendations during the period of the health withdrawal:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Clinician’s Signature
_______________________________________________

Clinician’s Printed Name (REQUIRED)
_______________________________________________

Clinician’s License Type, Number, State (REQUIRED)
_______________________________________________

Mailing Address:
____________________________________________________
____________________________________________________
____________________________________________________

Telephone:__________________________________________

Fax:________________________________________________

__________
Date
SEND TO

This completed form and Release of Information should be sent to:

Fax (702) 895-4316
OR
UNLV Voluntary Health Withdrawal Committee
Box 452005
4505 Maryland Parkway
Las Vegas, NV 89154-2005

Phone: (702) 895-013

Revised 3/24/2023
AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION
(to be completed at time of request for voluntary health withdrawal)

I, ___________________________________________________________, authorize the following agencies or persons:

(Student’s Legal and/or Preferred Name)

Agency / Person where information is released from: _________________________________
Agency/Person Name, Title, Organization

_____________________________________________
Address

City, State, Zip

Agency / Person where information is released to: UNLV Health Withdrawal Committee
UNLV Health Withdrawal Committee
Agency/Person Name, Title, Organization
Box 452005
4505 S. Maryland Parkway
Las Vegas, Nevada 89154-2005

Phone (702) 895-0136
Fax (702) 895-4316

I authorize the release of the following information:  All related medical and psychological information.

For the purpose of:  Providing documentation for a Voluntary Health Withdrawal from UNLV.

This release is effective on ____________________________ and expires one year from this date.

(Signature Date)

I understand that I may revoke this consent at any time by giving written notice to the person or organization making the disclosure.

Signed:

________________________________________________
Student Signature Required

Street Address____________________________________

City, State, Zip:___________________________________

Telephone #:_____________________________________

Notice: This information has been disclosed from records that are confidential. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limit of this release.