

## Request for a Voluntary Health Withdrawal University of Nevada, Las Vegas

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 are required to submit appropriate documentation from a licensed health/mental health provider to the Health Withdrawal Committee (HWC). They may receive a medical or psychological evaluation from either the Student Health Center (702-895-3370) or Student Counseling and Psychological Services (CAPS) (702-895-3627) free of charge.

An Authorization for Release of Protected Health Information (PHI) will be required to share the PHI with the HWC which will maintain the confidentiality of all PHI received from students and review the student's documentation and submit a recommendation to the Vice President for Student Affairs for final approval.

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***. After a grade is posted for a course, a VHW cannot override a posted grade.

All paperwork for a VHW must be received by the Wednesday before Study Week begins as noted on the Academic Calendar. For the exact date of 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.
  - An administrative hold is placed on the student's academic transcript - the student is placed in "leave of absence" (LOA) status. This ensures compliance with withdrawal agreements and to prevent an unauthorized reenrollment in future semesters by the student. The student cannot enroll in future semesters until he/she has undergone treatment. It is expected that the time a student takes away from the University (at minimum, 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:** 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. *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
    - **Military/Veteran's Services:** 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. *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.
- If the student is living in the residence halls, his/her contract will be voided and a refund shall be issued based on the per diem rate for the unused portion of the semester. *The student must contact Campus Housing for details*. 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 residence hall.

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 Faculty Senate based on this extenuating circumstance.

A student on VHW leave is not eligible to utilize the Student Health Center (SHC) or Counseling & Psychological Services (CAPS). These services are only available to enrolled students who have paid the health fee.

It is important to understand that students will be required to meet the following conditions of return before he/she can pursue reenrollment at UNLV:

- 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 HWC to review. The HWC will determine whether the conditions of return have been satisfactorily met.
- The HWC may involve an evaluation with a Student Wellness clinician, and if relevant, other medical or psychological providers.
- The HWC 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.

### **FORMS REQUIRED TO REQUEST A VHW**

There are four (4) forms required to request a VHW. The forms can be found:

- Online at <https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal>
- Picked up from the lobby of the Student Wellness Center, or
- Mailed/emailed to the student by sending a request to [vhw@unlv.edu](mailto:vhw@unlv.edu)
  1. Student Checklist for Requesting a Voluntary Health Withdrawal - To be completed/signed by the student
  2. Request for a Voluntary Health Withdrawal - To be completed by the student
  3. Health Care Provider Evaluation Summary for Health Withdrawal – 2-page form to be completed by a health care provider
  4. Authorization for Release of Protected Health Information - To be completed by the student

All 4 forms **must** be submitted. A letter or doctor's note does not supersede or replace any of the forms listed above. All forms are absolutely required.

### **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 his/her initial request for VHW has been approved and processed. If the student needs additional forms, they can be picked up from the lobby of the Student Wellness Center or by sending a request to [vhw@unlv.edu](mailto:vhw@unlv.edu). The forms are not available online.

1. Request to Return from a Voluntary Health Withdrawal
2. UNLV Medical/Mental Health Clearance Form
3. Authorization for Release of Protected Health Information Form

All 3 forms **must** be submitted. A letter or doctor's note does not supersede or replace any of the forms listed above.

All voluntary health withdrawal paperwork must be submitted to the Voluntary Health Withdrawal Committee via:

- **Fax to: 844-308-8969**
- Mail to: UNLV Voluntary Health Withdrawal Committee  
Box 452005  
4505 S. Maryland Parkway  
Las Vegas, NV 89154-2005
- The above methods via fax or mail are preferred; however, paperwork may also be dropped off to the front desk of the Student Wellness Center located on the first floor of the Student Recreation and Wellness Center.

Do not submit voluntary health withdrawal paperwork to Enrollment Services, OISS, your academic advisor, etc.

## Student Checklist for Requesting a Health Withdrawal

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

- ☐ \_\_\_\_\_ Contact the **Advising Office** of your particular college/school to find out what specific academic conditions or  
Initials restrictions will apply to you in conjunction with a VHW, if granted.
- ☐ \_\_\_\_\_ Graduate Students must contact the **Graduate College** at (702) 895-5773 or [GradRebel@unlv.edu](mailto:GradRebel@unlv.edu) to determine  
Initials if you are eligible to take a leave of absence or proceed with a medical withdrawal.
- ☐ \_\_\_\_\_ Contact the **Registrar's office** at (702) 895-3443 to determine if you are eligible for a portion of the semester/s  
Initials tuition. Not all fees can be refunded, and a refund of tuition is *not* guaranteed for all approved withdrawals.
- ☐ \_\_\_\_\_ **It is very important to contact the Financial Aid and Scholarships Office**, if applicable to discuss how a  
Initials withdrawal may affect your eligibility: Hayli Peterson, Financial Aid Counselor, email hayli.peterson@unlv.edu,  
702-895-0632 / main numbers (702) 895-3424 or 833-318-1228. Your possible tuition reimbursement amount  
may be impacted by your financial aid/scholarship OR withdrawal could result in an amount owed to UNLV.
- ☐ \_\_\_\_\_ If you have received financial assistance or scholarship via the **Military and Veteran's Services** (702) 895-2290,  
Initials 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**  
Initials (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 Academic Success  
Initials Center or call (702) 895-3177 to speak with their team's specific eligibility specialist.
- ☐ \_\_\_\_\_ Students who live in residential housing should contact **Campus Housing** (702) 895-3489 to determine what  
Initials 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  
Initials 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>.

UNLV Health Withdrawal Committee may disclose that you have requested VHW to other UNLV departments. Specific details about your medical or mental health will not be disclosed; we will inform appropriate departments of your request for a voluntary health withdrawal and your subsequent leave of absence, if granted. Depending on student's career and program of study, such departments may include, but are not limited to: Athletics, Cashiering, Disability Resource Center, Financial Aid, Graduate College, Law, Nursing, Office of Student Conduct, Registrar, Veteran Services, Vice President for Student Affairs.

**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:

- a. Read, complete and sign the Request for a Voluntary Health Withdrawal form. Please include a signed copy of this Student Checklist.
- b. Send the Health Care Provider Evaluation Summary for Health Withdrawal form to your current provider(s) to document reasons to support your health withdrawal request.
- c. Include a signed Authorization for Release of Protected Health Information form to allow communication between your current provider and the Health Withdrawal Committee.
- d. Submit all completed paperwork to:

\*Completed forms may also be dropped off in person  
at the Front Desk of the Student Wellness Center  
inside the SRWC.

**Fax (844) 308-8969** (preferred)  
UNLV Voluntary Health Withdrawal Committee  
Box 452005  
4505 S. Maryland Parkway, Las Vegas, NV 89154-2005  
Phone (702) 895-3370 / Contact: [vhw@unlv.edu](mailto: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):

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Signature of Applicant:

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Date \_\_\_\_\_

Major \_\_\_\_\_

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 ☐

**Printed Name** of Applicant (please print legibly):

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**Student's NSHE #** \_\_\_\_\_

Applicant contact information regarding this leave:

**Mailing Address**

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**Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

# Health Care Provider Evaluation Summary for Health Withdrawal

(page 1 of 2)

*To be completed by the student:*

Student's Name: \_\_\_\_\_

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:**

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## **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 Functional 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:**

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## **Diagnoses:**

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**Health Care Provider Evaluation Summary for Health Withdrawal** (page 2 of 2)

**Treatment history:**

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**Describe the reason(s) why the student's condition warrants a health withdrawal:**

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

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\_\_\_\_\_  
**Clinician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Clinician's Printed Name and Credentials**

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**Clinician's License Type, Number, and State**

\_\_\_\_\_  
**Mailing Address:**

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\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Fax**

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

**Fax (844) 308-8969**

or

UNLV Voluntary Health Withdrawal Committee

Box 452005

4505 S. Maryland Parkway  
Las Vegas, NV 89154-2005

Phone (702) 895-3370



UNIVERSITY OF NEVADA, LAS VEGAS

**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 Name)

**Agency / Person where information is released from:**

**Agency / Person where information is released to:**

\_\_\_\_\_  
Agency/Person Name, Title, Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone and Fax

UNLV Health Withdrawal Committee  
Box 452005  
4505 S. Maryland Parkway  
Las Vegas, Nevada 89154-2005

Phone (702) 895-3370  
**Fax (844) 308-8969**

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

Student NSHE # \_\_\_\_\_

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.