

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.
- The student is likely to receive a 80-90% refund of the semester's tuition in accordance with applicable University policies and procedures. Special fees - course fee, lab fee, facility fee - cannot be refunded.
 - In some cases involving financial aid, a student will not receive a refund, since they technically did not "earn" their financial aid, but if the VHW is approved and processed, the student will not owe UNLV money to cover the financial aid that had been applied. *The student should meet with a financial aid counselor.*
 - 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. Financial aid counselors can also discuss any other financial aid eligibility issues based upon the medical withdrawal. *It is very important that the student contact Financial Aid and Scholarship.* Receiving a VHW does not absolve a student from Financial Aid policies or the responsibilities involved in accepting Financial Aid and Scholarship funds.
- 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 maryellen.costanza@unlv.edu or by calling MaryEllen at (702) 895-0136
 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, he/she can pick them up from the lobby of the Student Wellness Center or MaryEllen Costanza can mail/email them to the student - maryellen.costanza@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 MaryEllen Costanza via:

- Drop off in the lobby of the Student Wellness Center - located on the first floor of the Student Recreation and Wellness Center
- Fax to 702-895-4316
- Mailed to:
 - UNLV Health Withdrawal Committee
 - c/o MaryEllen Costanza
 - Box 452005
 - 4505 S. Maryland Parkway
 - Las Vegas, NV 89154-2005

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 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 to determine if you are eligible to take a leave of absence or proceed with a medical withdrawal.
 - Contact **Financial Aid and Scholarships Office**, if applicable, at (702) 895-3424 to discuss how a withdrawal may affect your financial aid eligibility. It is very important that you contact Financial Aid and Scholarship. Your possible tuition reimbursement amount may be impacted by the financial aid you received, and depending on the drop date, you may owe UNLV money.
 - If you are an international student (F-1 visa), you must tell an **Office of International Students and Scholars (OISS)** advisor that you are applying to withdraw for the semester. Contact OISS in SSC-A 201 or call (702) 774-6477.
 - Student athletes should contact the Student-Athlete Academic Services (SAAS) office in the Academic Success Center or call (702) 895-3177 to speak with their team's specific eligibility specialist.
 - If applicable, contact **Campus Housing** (702) 895-3489 to determine what specific conditions or restrictions will apply to you in conjunction with a Health Withdrawal, if granted.
 - Contact your **health insurance** carrier to determine how a VHW will impact your insurance coverage. Students on the UNLV Insurance Plan should contact the insurance provider at the number listed on your insurance card or visit <https://www.unlv.edu/studentwellness/health-center/health-insurance> for UNLV Student Health Insurance information.

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, 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:

UNLV Health Withdrawal Committee
c/o MaryEllen Costanza
Box 452005
4505 S. Maryland Parkway
Las Vegas, NV 89154-2005
Phone (702) 895-0136
Fax (702) 895-4316

**Instead of mailing or faxing documents
Students may drop-off completed request
Forms at the Student Wellness Center Front
Desk, located in the SRWC.**

Request for a Voluntary Health Withdrawal

I have read the information above 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:

Printed Name of Applicant:

Date _____

Applicant contact information regarding this leave:

Mailing Address

Student's NSHE # _____

Major _____

- Are you registered with OISS?
Yes No
- Are you an NCAA Athlete?
Yes No
- Do you live in the residence halls?
Yes No
- Do you receive financial aid or scholarship?
Yes No
- Are you a graduate student?
Yes No

Telephone _____

Email _____

Health Care Provider Evaluation Summary for Health Withdrawal

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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:

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:

Diagnoses:

Health Care Provider Evaluation Summary for Health Withdrawal

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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

Date

Clinician's Printed Name and Credentials

Clinician's License Type, Number, and State

Mailing Address:

Telephone _____

Fax _____

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

UNLV Health Withdrawal Committee
C/O MaryEllen Costanza
Box 452005
4505 S. Maryland Parkway
Las Vegas, NV 89154-2005

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



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 Name, Title, Organization

Address

City, State, Zip

Phone and Fax

Agency / Person where information is released to:

UNLV Health Withdrawal Committee
c/o MaryEllen Costanza
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

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.