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

Requesting a Voluntary Health Withdrawal

UNLV students may apply for a Voluntary Health Withdrawal (VHW), a separation of the student from the university, if they experience medical or psychological conditions that significantly impair their ability to function successfully and safely in their role as a student. It is expected that the time a student takes away from the University (at minimum, one semester) will be used for treatment and recovery. A student must be enrolled in the current semester to be eligible for a VHW and a VHW can only be applied to the current semester. For consideration, all paperwork for a VHW must be received by Wednesday before Study Week begins on the Academic Calendar. For the exact date of the current semester, visit https://www.unlv.edu/srwc/crisis-emergency-services/voluntary-health-withdrawal.

Students are required to submit appropriate documentation from a licensed health/mental health provider to the Health Withdrawal Committee (HWC). Students 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 will be required to share Protected Health Information with the HWC. The HWC will maintain the confidentiality of all Protected Health Information received from students. The HWC will review your documentation and submit a recommendation to the Vice President for Student Affairs for final approval.

To apply for VHW, complete and submit the following forms to MaryEllen Costanza by the current semester deadline:

1. Student Checklist for Requesting a Health Withdrawal
2. Request for Voluntary Health Withdrawal
3. Health Care Provider Evaluation Summary for Health Withdrawal
4. Authorization For Release of Protected Health Information

If granted, the semester in question will be removed from the student’s transcript. An administrative hold will be placed on the student’s academic record, to ensure compliance with withdrawal agreements and to prevent any unauthorized reenrollment in future semesters by the student. It should be understood that most students require a minimum of one semester leave of absence from UNLV, in order to receive treatment and gain stability before returning to UNLV.

A student granted a VHW will receive a refund of his/her tuition in accordance with applicable University policies and procedures (generally 80-90% of the semester’s tuition cost). Special fees – course fee, lab fee, facility fee – cannot be refunded. 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 (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.

A student who received financial aid during his or her semester of withdrawal should meet with a financial aid counselor. Unearned portions of financial aid received may need to be returned to the Cashiering and 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 you 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.
Returning from a Voluntary Health Withdrawal

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:

1. A substantial improvement of the medical and/or psychological condition or symptoms that precipitated the need for a Health Withdrawal.
2. 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.
3. The Health Withdrawal Committee (HWC) must receive the written request to return to UNLV and submit 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 you miss one of these deadlines, your return from a Health Withdrawal may be delayed.

After receiving satisfactory documentation from a licensed medical/mental health provider, the UNLV HWC will review the materials and make a recommendation as to 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.

To return from a Voluntary Health Withdrawal, the following forms are required**:

   1. Written Statement Requesting Return to UNLV
   2. UNLV Medical/Mental Health Clearance Form
   3. Authorization For Release of Protected Health Information

The Request to Return from a Voluntary Health Withdrawal forms are not available online. The forms required to request to return are mailed to the student after the initial request for VHW is approved and processed. If needed, contact MaryEllen Costanza at maryellen.costanza@unlv.edu or call 702-895-0136 to request an additional copy of the Request to Return paperwork.

**Submit all paperwork concerning voluntary health withdrawal to MaryEllen Costanza in 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 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 NCAA Academic Services and Compliance at (702) 895-0668 or FDH 422 to find out what specific conditions or restrictions will apply to you in conjunction with a Health Withdrawal, if granted.
   - If applicable, contact Campus Housing (702) 895-3489 to find out 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 the insurance provider at the number listed on your insurance card or visit https://www.unlv.edu/srwc/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

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

4505 S. Maryland Parkway
Las Vegas, NV 89154-2005
Phone (702) 895-0136  
Fax (702) 895-4316
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:
________________________________________

Date _________________________________

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

Printed Name of Applicant:
________________________________________

Contact information regarding this leave:
Mailing Address
________________________________________
________________________________________
________________________________________

Telephone __________________________________

Email _______________________________________

• 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
Health Care Provider Evaluation Summary for Health Withdrawal

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 ________________________________

Brief history of symptoms/condition:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Diagnoses:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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 ________________________________
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:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Provider’s Signature ___________________________________________ Date __________________________

Provider’s Name and Credentials:
__________________________________________________________________________________________

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.