

# Medical Withdrawal/Course Load Reduction Application

## The University of Texas at Austin

University Health Services • Counseling & Mental Health Center • Services for Students with Disabilities

### STEP 1 Please complete the following information.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

UT EID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (We will mail our decision to you at this location.)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

College/School: \_\_\_\_\_  Freshman  Sophomore  Junior  Senior  Graduate

### STEP 2 Check the type of action you are requesting.

**Current semester medical withdrawal**

**Course load reduction** List course(s): \_\_\_\_\_  
NOTE: The illness or injury must directly impact the class(es) you wish to drop.

**Retroactive medical withdrawal** Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
NOTE: To be utilized only if unable to withdraw during the current semester for the following types of reasons: hospitalization, incarceration, called away at the end of the semester due to family crisis, military service, or serious debilitation by mental illness. A school or college may approve an appeal for a semester long past, but only for the most compelling nonacademic reasons. (Source: The University of Texas at Austin 2007-2008 General Information catalog, p. 94)

### STEP 3 Please check "Yes" or "No" for Questions A through E.

A. **Are you registered with Services for Students with Disabilities?**  Yes  No

B. **Are you an international student?**  Yes  No

If yes, withdrawing or dropping below full-time enrollment may seriously affect your visa status. You must contact the International Office at (512) 471-1211 or [www.utexas.edu/international](http://www.utexas.edu/international) to talk with an advisor about this application.

C. **CURRENT SEMESTER WITHDRAWAL ONLY:** Do you reside in campus housing?  Yes  No

If yes, check with Housing and Food Service at (512) 471-3136 or [www.utexas.edu/student/housing](http://www.utexas.edu/student/housing) before completing this application. They will explain the financial impact of semester withdrawal on your housing bill.

D. **Are you receiving financial aid?**  Yes  No

If yes, go to Student Financial Services at SSB 3.200 for information about how this request could affect your financial aid. Your financial aid counselor must stamp, sign and date this application here.

SFS Stamp: SFS Counselor (PLEASE PRINT): \_\_\_\_\_

SFS Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E. **Have you applied for a medical withdrawal or a medical course load reduction before?**  Yes  No

If yes, please list date(s) and type(s): \_\_\_\_\_

### STEP 4 Get required signatures.

**This section to be completed by your academic advisor or, if applicable, your College of Natural Sciences nonacademic counselor in your Dean's office:**

Advisor/Counselor (PLEASE PRINT): \_\_\_\_\_

Signature of Advisor/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

School/College: \_\_\_\_\_

**My signature verifies I have advised this student about the academic consequences of this request.**

**My signature does not guarantee the Dean's approval of this request.**

#### GRADUATE STUDENTS

MBA/MPA candidates: Contact your advisor in the McCombs School of Business to obtain signature above.

All other graduate degree candidates: Obtain the signature of an advisor in the Graduate Dean's office in Main 101.

Advisor's Name (PLEASE PRINT): \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

List last date of academic appointment: \_\_\_\_\_

## STEP 5 Description and Explanation

Describe your mental/physical health diagnosis or symptoms and explain why they are preventing you from attending class. Handwriting must be legible. You may attach additional pages if necessary.

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## STEP 6 Medical Documentation

**Course Load Reduction:** Mental health course load reductions will require documentation meeting SSDs documentation guidelines. Please visit [www.utexas.edu/diversity/ddce/ssd/doc.php](http://www.utexas.edu/diversity/ddce/ssd/doc.php), call (512) 471-6259 or ask for a verification form at SSDs front desk. Even if a student is receiving services in CMHC or UHS they are still responsible for ensuring that the necessary documentation is received.

**Medical Withdrawal/Retroactive Medical Withdrawal:** If you have received care for this condition at UHS or CMHC, you do not need to provide copies of your medical records.

Please list name of provider(s) you saw at CMHC: \_\_\_\_\_

Please list name of provider(s) you saw at UHS: \_\_\_\_\_

If you have received care from a medical or mental health provider outside of UHS or CMHC for this condition, you must submit - along with the application - either a signed letter from your provider or copies of your medical records that include the date of onset of the illness/injury, dates of care, diagnosis and prognosis.

Please list name of off-campus provider(s): \_\_\_\_\_

## STEP 7 Effective Date

The effective date of this request is the date the application and ALL requested documents are received by our office. If there are extenuating circumstances that would change this date, please explain:

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## AUTHORIZATION TO RELEASE INFORMATION

I request and authorize The University of Texas at Austin University Health Services, Counseling & Mental Health Center, and/or Services for Students with Disabilities to discuss with each other, appropriate deans, faculty and administrators the outcome of my request for a course load reduction, current semester medical withdrawal, or retroactive medical withdrawal. I understand this information may be shared among UHS, CMHC and SSD staff for processing purposes. I further authorize that applicable UT departments be notified of approval or denial of this request. This authorization extends to Student Judicial Services, who will be notified of my application.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, deliver, or fax this form and all supporting medical documentation to:

- **Mailing address:**  
Application Coordinator, Services for Students with Disabilities  
1 University Station, A4100  
Austin, Texas 78712
- **Office location:** Student Services Building • SSB 4.104
- **Fax:** (512) 475-7730