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

<u>https://unlv.co1.qualtrics.com/jfe/form/SV_bOswhSTyqtHFLRY</u>. 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 remov6 (ng)10.8 (a)-1.6 4.6 6alit iit lu731

Student Checklist for Requesting a Health Withdrawal

- 1. Complete the following steps <u>before</u> 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 <u>Self-Service Help Center</u>, 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.

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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_____

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 a

Treatment history:

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

Treatment recommendations during the period of the health withdrawal:



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UNLV Voluntary Health Withdrawal Committee

UNLV Voluntary Health Withdrawal Committee 4505 Maryland Parkway / Box 452005, Las Vegas, Nevada 89154-3020 (702) 895-0136 | FAX (702) 895-4316

AUTHORIZATION FOR DISCLOSURE OF PATIENT HEALTH INFORMATION

(For purposes other than treatment, payment or health care operations)

| Name: | DOB: | _ NSHE #: |
|------------------------------------------------|--------------|-----------|
| Phone No. to contact you: | | |
| I HEREBY AUTHORIZE INFORMATION TO BE RELEASED: | | |
| FROM: | <u>TO:</u> | |
| Name/Agency: | Name/Agency: | |