

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

https://unlv.co1.qualtrics.com/jfe/form/SV_bOswHSTyqtHFLRY . 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 removed (ng)10.8 (a)-1.6 4.6 6alit iit lu731

Student Checklist for Requesting a Health Withdrawal

1. Complete the following steps before 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 [Self-Service Help Center](#), 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.

_____ Students who live in resid6 (s)-eeitudeebbf1'8% @j(Y1)EFV'ycGf'gÁ'ccq'Á'0Z0hF7V'ÀFF7Um'À'H')=_____ C



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:



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:

TO:

Name/Agency: _____

Name/Agency: _____