**GRADUATE STUDENT | Current Semester Medical Withdrawal or 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.**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE OF BIRTH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT EID:</td>
<td>TODAY'S DATE:</td>
</tr>
<tr>
<td>ADDRESS: (WE WILL MAIL OUR DECISION TO YOU AT THIS LOCATION.)</td>
<td></td>
</tr>
</tbody>
</table>

**STREET** | **CITY** | **STATE** | **ZIP CODE**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
<td>EMAIL:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: This form is intended for use by graduate students only (does NOT include students in the Law or McCombs School of Business).

NOTE: A full-time status accommodation allows a student to maintain full-time enrollment status when registered for a minimum of 6 hours.
This form DOES NOT grant a full time status accommodation. Please contact SSD at 512-471-6259 or visit SSB 4.206 for help with a full-time status accommodation.

---

**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.

---

**STEP 3  PLEASE CHECK “YES” OR “NO” FOR QUESTIONS A THROUGH G.**

A. Are you registered with Services for Students with Disabilities (SSD)?

☐ YES  ☐ NO

B. Do you need to maintain full time enrollment status (for financial aid, employment, visa status, etc.)?

☐ YES  ☐ NO

NOTE: If yes, you must contact SSD at 512-471-6259 or visit SSB 4.206

C. Are you an international student?

☐ YES  ☐ NO

If yes, go to the International Office lobby at building INT for information about how this request could affect your visa status. Your International Office advisor must sign and date this application here.

Advisor’s Name (PLEASE PRINT): ____________________________ Advisor’s Signature: ____________________________ Date: ____________

D. Are you receiving financial aid?

☐ YES  ☐ NO

If yes go to the Office of Financial Aid (OFA), SSB 3.200 for information about how this request could affect your financial aid. Your financial aid counselor must sign and date this application here.

OFA Counselor Name (PLEASE PRINT): ____________________________ Signature: ____________________________ Date: ____________

E. Are you a veteran?

☐ YES  ☐ NO

If you are receiving ANY veteran education benefits, you must be seen by Student Veterans Services (SVS), SSB 4.472. Additionally, your SVS advisor should discuss how this request could affect your benefits. Your SVS advisor must sign and date this application here.

SVS Advisor Name (PLEASE PRINT): ____________________________ Signature: ____________________________ Date: ____________

F. CURRENT SEMESTER WITHDRAWAL ONLY: Do you reside in campus housing?

☐ YES  ☐ NO

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

G. 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  CLR OR MEDICAL WITHDRAWAL & STUDENT EMPLOYMENT**

ACADEMICALLY EMPLOYED STUDENTS:

Students who have a TA, AI, GRA, fellowship, etc. must maintain full time enrollment (9 hours) unless a full-time status accommodation is granted by SSD.

If your enrollment falls below 9 hours and you do not have a full-time status accommodation, your employment must be terminated, and any tuition support may be reduced.

IMPORTANT NOTE: Students applying for a medical course load reduction should note that this application does not allow a student to maintain full-time enrollment status at less than 9 hours. The process for obtaining a full-time status accommodation is initiated at the Services for Students with Disabilities (SSD) Office.

STUDENTS REQUESTING A MEDICAL WITHDRAWAL: Obtain the signature of an advisor in the Graduate Dean’s Office in Main 101.

GRADUATE DEAN’S NAME (PLEASE PRINT): ____________________________ Graduate Dean’s Signature: ____________________________ Date: ____________

---

FORM – Medical Withdrawal 1/19/2018
### 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.

---

### STEP 6  MEDICAL DOCUMENTATION

**Course Load Reduction:** Mental health course load reductions will require documentation meeting SSD documentation guidelines. Please visit [www.utexas.edu/diversity/dcde/ssd/doc.php](http://www.utexas.edu/diversity/dcde/ssd/doc.php), or call 512/471-6259, or ask for a verification form at the SSD front desk. You are responsible for ensuring the necessary documentation is provided, regardless of where you received care—CMHC, UHS, or an outside provider.

**Medical Withdrawal:** If you have received care for this condition at UHS or CMHC, we have access to your records and you do not need to provide copies.

Name(s) of provider(s) you saw at UHS and/or CHMC: ____________________________

If you have received care 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. The documentation must include: 1) diagnosis or condition; 2) date of onset of the condition; 3) dates of treatment; and, 4) prognosis.

Name(s) 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:

---

### 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 or current semester 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 the Office of Student Conduct and Academic Integrity, who will be notified of my application. By my signature, I affirm that all personal statements and documents submitted are true and correct and give consent to being contacted via email about the status of my application.

Student's Signature: ____________________________ Date: ____________

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

- **Mailing address:**
  CLR/MW Application Coordinator, Services for Students with Disabilities
  100 West Dean Keeton Street  STOP A4100
  Austin, TX 78712-1093

- **Office location:** Student Services Building • SSB 4.206

- **Fax:** (512) 475-7730