# COOK COUNSELING CENTER ACADEMIC RELIEF REQUEST FORM

**(Please use blue or black ink)**

Date

1. Name VT ID#
2. Campus Address

Permanent Address

1. Telephone # Work# E-mail
2. College Circle Class: FR SO JR SR GRAD
3. Overall GPA Previous Semester GPA Anticipated Graduation Date:
4. How many classes have you missed because of difficulties?
5. Have you been to the Cook Counseling Center to address this condition? Yes No

Which providers have you seen?

Have you been to other outside facilities? Yes No (You must submit documentation of those visits.)

1. Have you been hospitalized for this condition? (If so, when, where and why?) How many days?
2. Is this the first time you have applied for academic relief? Yes No

If no, what other semester(s) have you applied for relief? (Note: Academic Relief may not be granted multiple times for the same semester.)

1. Describe the condition and how it has impacted your academic performance.
2. What strategies did you use to resolve the problem before making this request? (ex. Workshops, study

groups, professor’s help, etc.)

1. What are you doing now to improve your academic success?
2. What type of academic relief are you requesting? Complete all sections that apply.

Specify semester for requested academic relief:

|  |
| --- |
|  MEDICAL WITHDRAWALS/ALL CLASSES (Medical withdrawals require a hold of re-admission pendingevidence of treatment.) Effective date of withdrawal. (Date last attended classes.)  |
|  INCOMPLETES (Recommended incompletes must be approved by instructor and requests foran incomplete must be made prior to the last day of classes for the semester in which the class is being taken.)*Example- ECON 1001 123456 Fall Semester 2010* Course # CRN# Semester |
|  SPECIFIC COURSE DROPS from current or previous semester. (List classes below.) Course # CRN# Semester |
|  RETROACTIVE COURSE DROPS (in most circumstances course drops with a time span greater than one academic year are not granted.) (List classes below.)Course # CRN# Semester |
|  ADDITIONAL PROBATIONARY SEMESTER (specify)  |
|  OTHER  |

Before submitting this application, please read and initial each step.

 I have read and understand the policies and guidelines regarding academic relief.

 I understand that academic relief is granted when significant psychological conditions exist that impact my ability to successfully complete academic work.

 I understand that if I drop 50% or more of the hours in which I am enrolled, I must sit out the next semester (i.e., spring, summer, or fall) in order to receive adequate treatment, and submit paperwork from a health professional certifying that I am ready to return to academic work.

 I grant permission to the Academic Relief Committee of Cook Counseling Center to contact me to clarify my request for academic relief and to review my Cook Counseling Center records. I also give permission to contact my outside providers if additional information is needed about my condition.

 If my request is approved I also grant permission to the Academic Relief Committee to provide a recommendation to the University Registrar and my academic dean.

Signature: Date: