COOK COUNSELING CENTER ACADEMIC RELIEF REQUEST FORM  
(Please use blue or black ink)

Date _____________________

1. Name __________________________________________ ID# ____________________________________

2. Campus Address............................................................................................................................
   Permanent Address ..........................................................................................................................

3. Telephone# __________________ Work# __________________ E-mail _________________________

4. College __________________________ Circle Class: FR SO JR SR GRAD

5. Overall GPA ________________ Previous Semester GPA _______________________

6. How many classes have you missed because of difficulties? ___________________________

7. 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.)

8. Have you been hospitalized for this condition? (If so, when, where and why?) __________________
   How many days? __________

9. 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 student.)

10. Describe the condition and how it has impacted your academic performance. __________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

11. What strategies did you use to resolve the problem before making this request? (ex. Workshops, study
   groups, professor’s help, etc.) _____________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Reviewed 06/2016
12. What are you doing now to improve your academic success? __________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

13. What type of academic relief are you requesting? Check all that apply.

Specify semester for requested academic relief: __________________________________________

_____ Medical Withdrawals/All Classes (Medical withdrawals require a hold of re-admission pending evidence of treatment.) Effective date of withdrawal. (Date last attended classes.) ________

_____ Incompletes (Recommended incompletes must be approved by instructor and requests for an incomplete must be made prior to the last day of classes for the semester in which the class is being taken.)

_____ Specific Course Drops from current or previous semester. (List classes below.)

_____ Retroactive Course Drops (in most circumstances course drops from past semesters are not granted.) (List classes below.)

_____ Additional Probationary Semester

_____ Other ________________________________________________

Please specify course and number, CRN number, and semester enrolled for course drops and incompletes: (ex. MATH 1526 13243/FALL 2010)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I have read and understand the policies and guidelines regarding academic relief. 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: ____________________________
Cook Counseling Center Academic Advisement Form

Name: ________________________________________________

Date: ________________________________________________

ID#: ________________________________________________

Address you wish to receive notification: ________________________________________________

Telephone: ________________________________________________

E-mail: ________________________________________________

Specify semester for requested academic relief: ________________________________________________

I am requesting the following academic relief through the Academic Relief Committee.

Withdrawal _____
Incomplete _____
Specific Course Drops _____
Additional Probationary Semester _____
Other ________________________________________________

List Course name, number, and Semester (e.g. Math 1526 Fall XXXX):

Course Drops __________ Incompletes __________ Semester __________

I understand that the Academic Relief Committee will keep all personal/medical information confidential and that information will not be shared or discussed with academic officials.

Student __________________________ Date __________________

Signature

I have reviewed the student’s request and have the following comments regarding his/her requested academic relief and its effect on the student’s academic future:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Associate Academic Dean __________________________ Date __________________

Signature

If you are an Undergraduate International student you need to obtain a signature from the Cranwell International Center. If you are a Graduate International student you need to obtain a signature from an international advisor at the Graduate School.

____________________________________________ Date ________________

Signature

Return form to the Cook Counseling Center
240 McComas Hall to begin application for Academic Relief

Cc: Dean

Reviewed 06/2016