

Thomas E. Cook Counseling Center at Virginia Tech

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Requests for Academic Relief: Policies and Guidelines

- Requests for academic relief will be reviewed by the Academic Relief Committee at the Thomas E. Cook Counseling Center.
- In order to qualify for a recommendation, the student must have documentation showing that he or she has a significant psychiatric or psychological problem which has substantially interfered with the student meeting his/her academic responsibilities.
- Extended illness with evidence of psychiatric or psychological treatment on campus or off, periods of hospitalization for psychiatric treatment, or evidence of psychiatric illness with related treatment by a qualified health professional may justify a recommendation for academic relief.
- It is understood that students may be involved in many situations that are stressful or distracting that interfere with studying and other academic responsibilities. Stressful events such as a death in the family, ending a significant relationship or anxiety about family problems or other major life decisions may affect the student's academic efficiency or may have led the student to seek counseling. However, this does not assure that the student will qualify for a recommendation for academic relief. If the student does not qualify, the committee will notify him/her.
- **The deadline for applications for academic relief is one week before the last day of classes. Under most circumstances recommendations for retroactive course drops or resignations are not considered.** The committee will consider circumstances where the student was hospitalized or otherwise disabled at the time when this decision would have been made and missed the application deadline during the previous semester. The student can apply for retroactive academic relief within 30 days of the beginning of the subsequent semester or 30 days after the student returns to the university. Former students who do not plan to return to Virginia Tech can also apply for retroactive relief.
- The committee reviews records at the Cook Counseling Center. If applicable, other documentation from off campus professionals (Physician or Mental Health Professional's Assessment and Recommendation Regarding Patient's Need for Academic Relief) should be provided to the Chair of the Academic Relief Committee for consideration prior to the committee meeting. Applicants may be interviewed by the committee to clarify information in their request or to consider other alternatives.
- Before a request for academic relief can be considered, students are required to have the "Academic Dean Advisement Form for Academic Relief" form signed by the academic deans for their college or the Graduate School dean for graduate students, to determine the impact this academic relief may have on academic plans.
- If the committee decides that the student qualifies for academic relief, a recommendation letter will be written to the student's academic dean. The committee may offer suggestions as to what action the dean might take such as dropping a course, being allowed to take incompletes, delaying exams or in some cases withdrawing from school, while the final authority and decision for academic relief remains with the dean. A copy of the letter will be mailed to the University Registrar and to the student.
- **Receiving Academic Relief withdrawal or course drops from the University for medical reasons may require a hold on readmission, preventing your re-enrollment, until you provide the "Provider Form for Reenrollment", (<http://ucc.vt.edu>) supporting your return to the University.** A licensed mental health provider must complete the form in full. This form can be found on our website under the "About" tab in the "Forms" section. Information for International students can be found at the Cranwell International Center (<http://www.international.vt.edu/>).
- **Receiving academic relief may have consequences on other aspects of your life (i.e. Residential Life, Financial Aid, and Health Insurance).** Please contact the appropriate department to discuss these implications. The following link will provide helpful information: <http://www.bursar.vt.edu/>. Student and parent information can be accessed. After selecting one of these tabs, you will see on the right side of the page, several links. Listed in that column are links to the following: Financial Aid; Hokie Passport; Parking Services; Registrar's Office; and Student Programs.
- Further information about academic relief as well as all necessary forms can be found at: www.ucc.vt.edu.

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

Date _____

1. Name _____ VT 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 _____ Anticipated Graduation Date: _____

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 semester.)

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.) _____

12. What are you doing now to improve your academic success? _____

13. 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 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.)

<i>Example- ECON 1001</i>	<i>123456</i>	<i>Fall Semester 2010</i>
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: _____

Cook Counseling Center Dean's Academic Advisement Form

College of _____

Name: _____

Date: _____

ID#: _____

Address you wish to receive notification: _____

Telephone: _____

E-mail: _____

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.)

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** _____

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 **international student**, you need to obtain a signature from the **Cranwell International Center**.

_____ Date _____

Signature