

# Current Semester Medical Withdrawal/Course Load Reduction Application

The University of Texas at Austin

University Health Services • Counseling & Mental Health Center • Disability and Access

## STEP 1 Please complete the following information.

Name: Phillip Phan Today's Date: 03/25/2024  
UT EID: php425 Date of Birth: 10/24/2003  
Address: (We will mail our decision to you at this location.)  
201 E 21st Street #W0711 Austin TX 78705  
Street Apt./Room City State Zip Code  
Phone: ( 832 ) 716-1814 Email: philphan @ utexas.edu  
College/School: Natural Sciences  
☐ Freshman ☒ Sophomore ☐ Junior ☐ Senior ☐ Graduate Business ☐ Law

## STEP 2 Check the type of action you are requesting.

- ☐ Current semester medical withdrawal  
☒ Course load reduction List course(s): PIA 201  
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 D.

- A. Are you registered with Disability and Access? ☒ Yes ☐ No  
B. **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](http://www.utexas.edu/student/housing) before completing this application. They will explain the financial impact of semester withdrawal on your housing bill.  
C. Are you receiving financial aid? ☒ Yes ☐ No  
If yes, go to the Texas One Stop, MAI 1 (Ground floor of the UT Tower) for information about how this request could affect your financial aid. Your financial aid counselor must sign and date this application here.  
One Stop Coordinator signature: [Signature] Date: 3/25/2024  
D. 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): \_\_\_\_\_  
E. **VETERANS/DEPENDENTS:** Are you a veteran/dependent using Veteran Education Benefits? ☐ Yes ☒ No  
If you are currently receiving or applying for ANY Veteran Education Benefits (G.I. Bill\* and/or Hazlewood), you must meet with the Veteran Certification VA School Certifying Officials (SCOs), Texas One Stop MAI 1, for information about how this request will affect your benefits. An SCO must sign and date this application here: SCO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP 4 Get required signatures.

This section must be completed by your Dean's office advisor or, if applicable, your College of Natural Sciences nonacademic counselor in your Dean's office:

Dean's office Advisor/Counselor (PLEASE PRINT): \_\_\_\_\_  
Signature of Advisor/Counselor: Deanna Tilley Date: 3/5/2  
School/College: \_\_\_\_\_

My signature verifies I have advised this student about the academic consequences of this request.

My signature does not guarantee the Dean's approval of this request.

GRADUATE STUDENTS in McCombs and Texas Law:

- ❖ **MBA/MPA candidates:** Contact your advisor in the McCombs School of Business to obtain signature above
- ❖ **J.D./LL.M. candidates:** Contact your advisor in your Dean's office to obtain signature above
- ❖ **If you have a TA, AI, GRA, fellowship, etc., signature of supervisor:** \_\_\_\_\_

My signature verifies I have advised the student about the consequences of this request on the student's academics and/or appointment/award.

**INTERNATIONAL STUDENTS:** Contact International Student and Scholar Services (ISSS) for information about how this request could affect your visa status (located at 2400 Nueces Street, Ste. B). Your International Office advisor must sign and date this application here.

Advisor's Name (PLEASE PRINT): \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_



## STEP 5 Description and Explanation

Describe your mental/physical health diagnosis or symptoms and explain why they are preventing you from attending and/or continuing in class. Handwriting must be legible. You may attach additional pages if necessary.

My left middle finger is broken and is preventing me from participating in my PIA 201 class. My inability to play has taken a mental toll on me because piano is my favorite hobby and not being able to play for fun and for my class has been hard. I also struggle with typing as efficiently as I usually do. This slows down my work speed because it takes longer to code my projects and write my essays.

## STEP 6 Medical Documentation

**Course Load Reduction:** Mental health course load reductions will require documentation meeting D&A documentation guidelines. Please visit <https://community.utexas.edu/disability/documentation-guidelines/>, or call (512) 471-6259, or ask for a verification form at the D&A 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 CMHC: Amy Wicke

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:

### Title IX

Disability and Access (D&A) staff are designated as confidential employees, meaning we are not required to disclose your personal information regarding incidences of sexual misconduct to the Title IX office. We are still required to make a report of incidences of sexual misconduct, which includes sex and gender discrimination, sexual harassment, sexual assault, dating and domestic violence, stalking, sexual exploitation, and any other forms of inappropriate sexual conduct. **PLEASE NOTE:** Others who may view this application may not hold confidential status and would be required to report as a responsible employee. For more information about our policies on sexual misconduct, please visit the Handbook of Operating Procedures (HOP) 3-3031. Information related to incidents of sexual misconduct that is disclosed in documentation may be reported to the Title IX Office. Disability/diagnostic information will be kept in accordance with D&A's Confidentiality Guidelines.

## AUTHORIZATION TO RELEASE INFORMATION

I request and authorize The University of Texas at Austin University Health Services, Counseling & Mental Health Center, and/or Disability and Access 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 D&A 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: Phillip Phan

Date: 03/25/2024

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

- **Mailing address:**  
CLR/MW, Disability and Access  
100 West Dean Keeton Street STOP A4100 • Austin, TX 78712-1093
- **Office location:** Student Services Building • SSB 4.206
- **Fax:** (512) 475-7730
- **Email:** [access@austin.utexas.edu](mailto:access@austin.utexas.edu)