

Recommendations Concerning Medical/ Mental Health Problems Affecting Academic Status

Students who are experiencing or who have experienced medical, psychological, or psychiatric problems which affect their academic performance and who are requesting relief from their department or school must provide documentation from their healthcare provider or therapist along with recommendations concerning their academic situation.

1. If this healthcare provider or therapist provided care on campus (e.g., the University Counseling Center/Safe Office or the Student Health Service), then the provider or therapist may be able to provide recommendations to the Office for Academic Advising when appropriate.
2. Recommendations concerning academic relief should not be expected from the University Counseling Center/Safe Office unless the student has an ongoing relationship with a therapist in that office.
3. Recommendations concerning academic relief for mental health issues should not be expected from the Student Health Service unless the student has an ongoing relationship related to that mental health issue with one of the Health Service providers.
4. If the student has received care elsewhere, the physician or therapist who provided treatment should provide verification that the student is a patient under their care, the approximate amount of time the student has been their patient, a diagnosis, statement on how the symptoms have affected the student's functioning (in a specific course if the request is for a single course), a clear statement of support/recommendation to withdraw from specific courses, and a statement on the reasons why they are recommending withdrawal.
5. Medical information from off-campus providers should be sent to:

- or -

WFU Student Health Service
P.O. Box 7386
Winston-Salem, NC 27109-7386
336-758-5218 (phone)
336-758-6054 (fax)

WFU Counseling Center
P.O. Box 7838
Winston-Salem, NC 27109-7838
336-758-5273 (phone)
336-758-1991 (fax)

6. Student Health Service and/or the University Counseling Center/Safe Office (when appropriate) will review this information. The Director(s) will make an independent recommendation to the appropriate Dean (and the Academic Affairs Committee or similar faculty committee) concerning academic relief based upon the information provided by the therapist or physician as well as based upon the student's medical and psychological history at Wake Forest (if known).
7. The final decision concerning academic relief rests with the appropriate dean and/or faculty committees (e.g., the Committee on Academic Affairs of the College).¹

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Petitions for academic relief should be made as soon as possible; delays greater than 3 months diminish the likelihood of action by the appropriate Dean and/or faculty committee(s). **NOTE:** Students who withdraw from school for mental health reasons (e.g., depression, substance abuse, bipolar illness, ADHD, etc.) should anticipate at least one semester away from school if not more to receive appropriate treatment for these conditions.

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RELEASE OF INFORMATION FORM

I. Name of Individual:

(Last)

(First)

(Middle)

II. Student ID Number: _____

Birth Date: _____
MO DAY YR

Please place a check (☐) in the appropriate boxes below, sign on the appropriate line(s), and fill in the date.

- ☐ I request that the Wake Forest University Student Health Service and/or University Counseling Center/Safe Office release any pertinent information and recommendations (with the stipulation that the released information be kept private) to the Office of Academic Advising or appropriate graduate school/professional school dean to assist in my request for academic relief because of medical, psychological, or psychiatric reasons.

(Signature)

(Date)

- ☐ I have been given a copy of "Recommendations Concerning Medical Problems Affecting Academic Status." I understand that I must forward the information requested on this form to the Student Health Service or the University Counseling Center/Safe Office (as appropriate) before a recommendation concerning my academic situation can be provided from either of these offices to the Office of Academic Advising or the appropriate graduate school/professional school dean.

(Signature)

(Date)

- ☐ I understand that the final decision concerning any academic relief rests upon the Committee on Academic Affairs of the Faculty of the College, or the appropriate faculty committee/dean of my graduate or professional school at Wake Forest University.

(Signature)

(Date)

- ☐ I understand that if all courses are being dropped for a term (medical leave), a good faith effort to address the circumstances that led to withdrawal must be demonstrated. In anticipation of return from leave, students should have healthcare providers complete the *Readmission Questionnaire for Medical/Mental Health Withdrawal*.

(Signature)

(Date)

Signature(s) Witnessed By: _____

Date: _____

Name of Dean: _____