MEDICAL WITHDRAWAL (FOR MENTAL HEALTH/PSYCHOLOGICAL REASONS) APPLICATION INSTRUCTIONS AND GUIDELINES

All students have 6 months from the last day of the semester they are applying for a medical withdrawal for, to submit their application forms/documents. This is true whether it is a medical withdrawal request for “psychological/mental health” reasons or one for “medical/physical health” reasons instead. In general, if all required applications forms/documents for a medical withdrawal (for psychological/mental health reasons) are not submitted and received at the Counseling Center by the 6 month deadline date, an application file will be closed, and not processed.

If an application for a medical withdrawal is primarily psychological/mental health in nature, the application should be filed through Dr. Michael Malec, the Associate Director of UNF’s Counseling Center (Building 2, Room 2300, telephone (904) 620-2602). If an application is more medical/physical health-based in nature, instead (e.g., the student was hospitalized for 10 days for an automobile accident injury), it should be filed through UNF’s Director of Health Administration (Building 39A, Room 2100, telephone (904) 620-2175).

In general, the medical withdrawal (for psychological/mental health reasons) is intended to help a student in an acute and often crisis situation who may be in the middle of a semester, and/or is so overwhelmed psychologically that he or she is unable to perform academically in any of their classes. The medical withdrawal is intended to help a student withdraw from all their classes immediately during the semester so that he or she can seek immediate treatment without having to worry about being penalized grade-wise or tuition-wise. It is primarily intended for someone needing to withdraw from all of their semester classes, not just some, or one (unless there is a compelling reason to warrant a “partial” withdrawal).

All students interested in applying for a medical withdrawal (for mental health/psychological reasons) are strongly encouraged, if possible, to initially meet with Dr. Malec in person to discuss the application process. If interested, call (904) 620-2602 to set a medical withdrawal appointment.

For those unable to meet with Dr. Malec, below is an abbreviated explanation of the four medical withdrawal application forms which will help you with the medical withdrawal application process when applying for “psychological/mental health” reasons.

Form 1 is a one-page form consisting primarily of demographic information. A complete date in month/day/year format is required on the form where the “last date you attended class” during the semester of concern is asked for. Without a date the form will be returned to you. If you do not recall the exact date, please make a best guess estimate. In signing this form, you will be giving Dr. Malec permission to collect and share information with others who ultimately make the decision whether to approve a medical withdrawal request.

Form 2 provides some of the possible questions that you may need to address in your personal letter portion of the application. This letter, to be submitted to Dr. Malec, should explain, in detail, your situation during the semester of concern, and why a medical withdrawal is needed. A student’s answers to all the questions listed on the form are very important and should be answered completely. The more detail and documentation you submit, the better. Usually, one to two pages double-spaced will
suffice. A student should write an open letter without any subheadings, providing the information requested in Form 2. The personal letter should focus primarily on explaining your situation during the semester you want the withdrawal for. This is key. This letter is your opportunity to explain why a medical withdrawal is necessary, and the specifics of your situation at the time (e.g. diagnosis, symptoms, treatment/evaluations, other stressors, how your disorder and symptoms directly affected your ability to perform academically).

If you want to apply for a PARTIAL withdrawal, you must have the professor of each class you want a medical withdrawal for, complete Form 3 for you to submit as part of a PARTIAL medical withdrawal request. Ignore Form 3, unless you are applying for a PARTIAL medical withdrawal (i.e., for only some of the classes during the semester of concern). Requests for partial withdrawals are generally more difficult to get approved since the medical withdrawal process, in general, is intended for individuals so overwhelmed by psychological or mental health concerns that they cannot perform at a basic level of functioning in any of their classes during the semester of concern. If applying for a PARTIAL, the onus is on the student to also include a paragraph or two explanation in their personal letter portion as to why a PARTIAL medical withdrawal is needed, and should be approved. This is very important.

Form 4 should be given directly to the medical provider or providers (e.g., psychotherapist, psychiatrist) who evaluated and/or treated you for the mental health/psychological issues experienced during the semester of concern. He or she should write us letter providing the information asked for in Form 4 (e.g. diagnosis, treatment received, symptoms, onset, effect on your academics abilities and other aspects of life, etc.). Once completed, the medical provider should directly fax the form to the Counseling Center at (904) 620-1085. Since the need for a medical withdrawal is primarily due to psychological/mental health reasons, it is best that the letter come from a mental health or psychological professional (e.g., psychotherapist, psychologist, psychiatrist, psychiatric nurse practitioner, and neurologist).

If a student has been hospitalized (and missed class as a result) during the period of concern, documentation of the hospitalization/residential treatment should also be submitted as part of the application. This documentation on hospital letterhead (e.g., a discharge summary form) should include the dates of admission and discharge, and diagnosis or reason for admission.

Once all of the required application forms/documents are received, UNF’s processing of the application can begin. Please submit the following within the six month period beginning on the last day of the semester of concern.

1) A completed one-page application form.

2) A personal letter explaining, with specifics/detail, your mental health/psychological situation during the semester of concern.

3) A letter from a medical provider(s) evaluating/treating you for mental health/psychological concerns. It is best that the professional has expertise or certification in a mental health, psychiatry, or, in some cases, neurology.
4) Documentation verifying your hospitalization (e.g., a hospital’s discharge summary, if appropriate).

5) Information asked for in form 3, only if you are applying for a PARTIAL medical withdrawal.

If a student is approved for a medical withdrawal he or she will have a hold placed on their UNF account preventing them from enrolling at the time for more classes until proper documentation is received back from their medical provider verifying their readiness to return. In general, a student approved for a withdrawal will also be expected to sit out at least the next semester after the medical withdrawal semester before returning to UNF classes. This is to assure that the student has the time to get adequate and needed treatment with a subsequent period of symptom reduction/emotional stability before returning to classes. The student’s health and well-being is a priority. UNF does not want students prematurely returning to classes at UNF too quickly without adequate treatment only to again experience the same difficulties academically and emotionally that they did before.

If a student is approved for a medical withdrawal, he or she will receive a confirmation letter in the mail. Included with the letter will be a copy of UNF’s re-enrollment form. It is to be filled out and completed after a student has received effective treatment after receiving a medical withdrawal, and are ready to return to classes. The re-enrollment form should be completed by the student’s treating medical provider and returned directly to the Center by fax (to (904) 620-1085) no later than thirty days before the first day of classes of the semester in which the student hopes to return. UNF wants students to be healthy when they do return so they can be successful academically once again.

If you have any other questions about the process feel free to contact me by telephone at (904) 620-2602—or email me. The information and completed application forms can be submitted to me by email at mmalec@unf.edu, faxed to (904) 620-1085, mailed to the address below, or hand delivered to the Counseling Center personally—whatever you are comfortable with or find convenient. Application documents can be submitted separately, or all together.

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