

ACADEMIC RELIEF REQUEST FORM

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 _____ GPA Previous Semester _____

6. How many classes have you missed this semester 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. (see documentation guidelines).

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 been granted or applied for relief? _____

(Additional requests for academic relief are normally not granted for the same condition.)

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? Check all that apply.

Medical Withdrawals (**Medical withdrawals require a hold of re-admission pending evidence of treatment.**)

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.**)

Late Course drops

Specific Course Drops from previous semester (**In most circumstances specific course drops are not granted.**)

Other _____

Please specify course and number, CRN number, and semester enrolled for course drops and incompletes:
(ex. MATH 1526 13243/FALL 2006)

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 my academic dean.

Signature _____ **Date:** _____