GRADUATE SCHOOL
VIRGINIA TECH

ACADEMIC RELIEF REQUEST

Use this form to request a withdrawal from specific courses or an entire semester due to a medical problem or condition that substantially interfered with your ability to meet academic responsibilities. Documentation of the period of ailment must be included with the request, provided by the Schiffert Health Center, Cook Counseling, external medical provider, or other relevant entity. The request will be reviewed by the Dean of the Graduate School.

Student Information

Last Name/Surname: _____ First/Given Name: _____

Last 4 digits of VT ID: _____ Email address: _____

Citizenship: ☐ U.S. Citizen or Permanent Resident ☐ Non-U.S. Citizen; list visa status _____

Request details

Describe the time period during which you have experienced the medical/mental health problems that interfered with your studies. Attach documentation of the period of treatment by a medical provider, or any other relevant information.

_____

_____

_____

Requested relief: ☐ Courses to drop:_____
(list course(s), number and CRN)

☐ Medical withdrawal from the semester

Term for which relief is requested: ☐ Fall ☐ Spring ☐ Summer Year _____

Last date you attended class(es): _____ ☐ I did not attend any classes

Signatures

_____ _____
Student Signature Date (MM/DD/YY)

Graduate School decision: Withdrawal effective date _____

_____ _____
Graduate School Date (MM/DD/YY)

Submit your completed form:
http://gs.vt.edu/forms
120 Graduate Life Center, Blacksburg
VT ICAB1, 3625 Potomac Ave, Alexandria

Questions? Call 540/231-7581 or email gsdean@vt.edu for assistance