Withdrawal request

Use this form to request cancellation of enrollment or withdrawal from a course or program. Written notice may also be submitted by email. Refund eligibility is determined under the published tuition and refund policy.

Student information

Student name: _____

Student ID: _____

Email address: _____

Enrollment details

Program: _____

Course: _____

Requested withdrawal date: _____

Reason for withdrawal: _____

_____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Transfer credit request

Request an evaluation of completed coursework or prior learning. Provide transcripts and supporting course descriptions. Credit is awarded following academic review. Acceptance of USU credit by another institution is determined by that institution.

Student information

Student name: _____

Student ID: _____

Email address: _____

Learning submitted for evaluation

Institution: _____

Course title: _____

Course number: _____

Completion date: _____

Credits completed: _____

Final grade: _____

USU course requested: _____

Supporting documents: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Student records request

Request access to your student records or correction of information you believe is inaccurate. Describe the records clearly. USU will verify your identity before releasing protected information.

Student information

Student name: _____

Student ID: _____

Email address: _____

Request details

Records requested: _____

_____

Delivery email address: _____

Preferred document format: _____

Correction requested: _____

_____

Supporting documents: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Authorization to release records

Authorize USU to disclose the records identified below to the recipient you name. This authorization covers only the stated records and purpose. You may revoke it in writing. Revocation does not undo a disclosure already made in reliance on this authorization.

Student information

Student name: _____

Student ID: _____

Email address: _____

Recipient information

Recipient name: _____

Organization: _____

Recipient email address: _____

Authorization details

Records authorized for release: _____

Purpose of disclosure: _____

Expiration date: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Student complaint

Use this form to submit a concern about a university service, practice, or experience. Describe the matter and the outcome you are seeking. You may submit a formal complaint without first pursuing informal resolution.

Student information

Student name: _____

Student ID: _____

Email address: _____

Complaint details

Subject: _____

Date of occurrence: _____

Description of concern: _____

_____

_____

Requested resolution: _____

_____

Supporting documents: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Student appeal

Use this form to request review of a university decision. Identify the decision and explain the basis for reconsideration. Include relevant records. Deadlines in the policy governing the decision remain in effect.

Student information

Student name: _____

Student ID: _____

Email address: _____

Decision under review

Decision: _____

Decision date: _____

Issuing office: _____

Reason for appeal: _____

_____

_____

Requested outcome: _____

_____

Supporting documents: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Retain a copy for your records.

Accessibility request

Request an accommodation or report a barrier to participation. Describe the accommodation you need and the activity involved. You do not need to include a diagnosis on this form. Review the disability and accommodations policy on the following pages.

Student information

Student name: _____

Student ID: _____

Email address: _____

Accommodation details

Course or activity: _____

Barrier to participation: _____

_____

Requested accommodation: _____

_____

Requested start date: _____

Expected duration: _____

Preferred contact method: _____

Signature

I confirm that the information provided is accurate to the best of my knowledge.

Student signature: _____

Date: _____

Submit this form to policies@usu.education. Request secure delivery instructions before providing disability documentation.

Disability and accommodations policy

United States University supports equal access to education for students with disabilities. USU prohibits disability discrimination and retaliation and provides an individualized process for requesting reasonable accommodations.

Policy scope

This policy covers access to instruction, assessments, university communications, digital learning resources, and student services. It establishes institutional commitments informed by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. USU will fulfill the legal duties that govern its operations. These institutional commitments do not depend on a student establishing which federal provision applies.

Requesting an accommodation

Students may use the Accessibility request form or contact policies@usu.education to begin the process. A particular form is not required. Identify the activity, the access barrier, and the assistance requested. Requests may be made during enrollment. Early contact allows time to arrange services, but a late request will still receive review.

Individual review

USU will discuss the request with the student, consider the functional barrier, and assess effective accommodations. Review will consider the student's experience, relevant information, and essential academic requirements. Examples include accessible course materials, captioning, assistive technology compatibility, testing adjustments, and reasonable changes to participation procedures. Accommodations are determined individually.

Supporting documentation

USU may request information reasonably necessary to understand a disability related barrier and the need for an accommodation when these are not evident. Documentation requests will be limited to relevant information. Students will receive an explanation of what is needed and how to provide it securely. A complete medical history is not routinely required. Existing documentation and prior accommodations may inform the review.

Accommodation review and student rights

The following procedures support implementation, confidentiality, and review of accommodation decisions.

Decision and implementation

USU will communicate the decision in writing and describe the accommodation, implementation responsibilities, and any further steps. When a request cannot be granted as requested, USU will explain the reasons and consider effective alternatives with the student. Students should report implementation problems promptly. Temporary measures may be considered while review is underway.

Academic requirements and costs

Accommodations provide access while preserving essential academic requirements. A decision based on a fundamental alteration or an undue burden requires an individualized assessment and consideration of alternatives under the governing legal standard. Students will not be charged an additional fee for accommodations provided under this policy.

Confidentiality

Disability documentation will be handled as confidential information. Access will be limited to personnel who need the information to evaluate or arrange accommodations or meet legal obligations. Instructors ordinarily receive implementation instructions rather than diagnostic records. Students should request secure transmission instructions before submitting sensitive documents.

Review and complaints

Students may request reconsideration through policies@usu.education. Identify the decision or implementation concern and provide the reasons for review. USU will arrange review by a person who was not responsible for the original decision. Students may also use the university complaint process. Requesting an accommodation, raising an accessibility concern, or participating in a review will not result in retaliation. Internal review does not limit external rights or extend external filing deadlines.

Policy references

Federal guidance: U.S. Department of Education, Students with Disabilities Preparing for Postsecondary Education (ed.gov/higher-education/students-disabilities-preparing-postsecondary-education). U.S. Department of Justice, Introduction to the Americans with Disabilities Act (ada.gov/topics/intro-to-ada/).