Medical-Psychological Withdrawal

Student Checklist

☐ Obtain, complete, and submit needed forms:	
Psychological/Psychiatric Condition Medical-Psychological Withdrawal Form Release of Information For Medical-Psychological Release of Information For Dean of Students Office Release of Information For Financial Aid (if you have	e (if requesting a full withdrawal)
Mail to:	or FAX:
Director, Counseling Services Coastal Carolina University P.O. Box 261954 Conway, SC 29528	Director, Counseling Services 843-349-2898
Medical Condition ☐ Medical-Psychological Withdrawal Form ☐ Authorization for Use and Disclosure of Protected	Health Information Form
Mail to: Director, Student Health Services Coastal Carolina University P.O. Box 261954 Conway, SC 29528	or FAX: Director, Student Health Services 843-349-6546
☐ Submit or request submission of supporting documentation by treating professional — may use the Community Provider Form or request that records be sent by treating professional, or request a letter on the treating professional's letterhead be sent to appropriate Director. (Prescription pad notes are not sufficient.)	
☐ Verify that forms and supporting documentation were received by appropriate Director.	
☐ Meet with the appropriate Director to discuss the request a (Phone conferences can be arranged when necessary.) Appoint Date:	
☐ Arrange for treatment of the condition during the time of all	bsence from the University.
☐ Determine implications of the withdrawal on financial aid, if applicable.	
☐ If requesting a full withdrawal, address all other standard en Housing, selling/returning textbooks, settling debts, etc.	nd-of-year tasks such as checking out of
**Completion of all items does <u>not</u> guarantee that a Medical-Ps The Director will make a recommendation to the Provost's Office regarding the granting of the withdrawal is made.	