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 Offic ☐ Release of Information For Financial Aid (if you have	ce (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 Community Provider Form or request that records be sent by on the treating professional's letterhead be sent to appropriate not sufficient.)	treating professional, or request a letter
☐ Verify that forms and supporting documentation were red	ceived by appropriate Director.
☐ Meet with the appropriate Director to discuss the request (Phone conferences can be arranged when necessary.)	t and the Director's recommendations.
☐ Arrange for treatment of the condition during the time of	absence from the University.
☐ Determine implications of the withdrawal on financial aid	, if applicable.
☐ If requesting a full withdrawal, address all other standard Housing, selling/returning textbooks, settling debts, etc.	end-of-year tasks such as checking out of
**Completion of all items does <u>not</u> guarantee that a Medical The Director will make a recommendation to the Provost's O	

regarding the granting of the withdrawal is made.