Medical-Psychological Withdrawal

Student Checklist

☐ Obtain, complete, and submit needed forms:

_Psychological/Psychiatric Condition_
☐ Medical-Psychological Withdrawal Form
☐ Release of Information For Medical-Psychological Withdrawal
☐ Release of Information For Dean of Students Office (if requesting a full withdrawal)
☐ Release of Information For Financial Aid (if you have financial aid)

Mail to: Director, Counseling Services
Coastal Carolina University
P.O. Box 261954
Conway, SC 29528
or FAX: 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 and the Director’s recommendations. (Phone conferences can be arranged when necessary.) Appointment
Date: __________________________

☐ 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 end-of-year tasks such as checking out of Housing, selling/returning textbooks, settling debts, etc.

**Completion of all items does not guarantee that a Medical-Psychological Withdrawal will be granted. The Director will make a recommendation to the Provost’s Office where the final determination regarding the granting of the withdrawal is made.**