

COLLEGE of CHARLESTON

UNDERGRADUATE
ACADEMIC SERVICES

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MEDICAL DOCUMENTATION FORM For Students Petitioning for Late Course Withdrawal(s)

This section to be completed by the student.

Student ID: _____ DOB: _____

Student (Patient/Client) Name: _____
(Last) (First) (MI)

I request the release of medical information from the provider listed below to the Office of Undergraduate Academic Services (UAS) at the College of Charleston. I understand that the information included in this form will be considered by UAS when determining my eligibility for withdrawal(s) after the official deadline. I understand that, if applicable, UAS may consult with campus professionals in Student Health Services, Counseling and Substance Abuse Services, the Center for Disability Services, and/or the Dean of Students Office when considering the information contained in this form. I understand this form may be shared with the Dean of Students Office to determine if re-entry stipulations may be appropriate.

Student Signature: _____ Date: _____

The remainder of this form to be completed by the treatment provider.

INSTRUCTIONS TO THE TREATMENT PROVIDER

The student (patient/client) named above is a current student of the College of Charleston who is petitioning for withdrawal from one or more classes after the official withdrawal deadline. The College of Charleston requires documentation from a treating health care provider who can attest that the student is experiencing a condition that is significantly impacting the student's ability to meet the essential elements of his/her intended academic program of instruction. The College will weigh your opinion when considering the student's demonstrated need for withdrawal(s). College officials may also refer back to this information at the time that the student seeks to re-enroll at the College of Charleston in order to assess whether or not there has been a sufficient improvement in the condition that prompted the withdrawal.

Provider/Clinician Name:

Credentials of provider:

Student's illness or condition (include DSM-V diagnosis, if applicable):

Date of diagnosis:

Date of most recent appointment:

Total # of appointments:

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Please provide information regarding student's **symptoms** (include comments on **duration, intensity, and frequency**) and how these symptoms are impacting the student's ability to function at the College of Charleston.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the student's condition significantly impacting the student's ability to function academically in one or more classes? If Yes, please describe:
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is the student's condition significantly impacting the student's ability to function safely or autonomously without supervision in an academic environment? If Yes, please describe:
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In your opinion, **does the student's condition justify late course withdrawal(s):**

- No, the student's condition does not justify late course withdrawal(s)
- Yes, from **one or some** courses
- Yes, from **all** courses
- No opinion

Comments:

What treatment have you recommended that the student receive in order to be ready to return to full enrollment at the College of Charleston?

Based on the student's current condition, **when do you expect this student to reasonably be ready to return** to full enrollment at the College of Charleston?

ATTESTATION BY COMMUNITY PROVIDER

By signing where indicated below, I am representing to the College of Charleston that my response to each question listed above is true, complete, and accurate to the best of my knowledge and belief, that it constitutes my best professional judgment and opinion, and that the student/patient/client did not prepare or draft that response for my signature.

Legal Signature: x (L.S.) Date: _____

Printed Name and Professional Credentials: _____

Address: _____

Phone: _____ FAX: _____ Email: _____

Please use additional pages or attach additional documentation if you wish to expand on your responses to the questions above and/or to record any other comments or observations you may wish to make regarding the student's need for late withdrawal from class(es).