



COLLEGE of CHARLESTON

CENTER FOR ACADEMIC PERFORMANCE AND PERSISTENCE

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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 Center for Academic Performance and Persistence at the College of Charleston. I understand that the information included in this form will be considered by CAPP when determining my eligibility for withdrawal(s) after the official deadline. I understand that, if applicable, CAPP 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 of 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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