Return from Medical/Psychological Withdrawal Form

Student Name:__________________________ Student #:______________________

Address:____

Phone:____

Date of Withdrawal:____

Semester Returning:____

Please list all clinicians who provided service during the leave period. Attach additional sheets if needed. Each clinician listed below should be given a Community Provider Report Form and return it directly to CCU Counseling Services or Student Health Services.

1) Clinician Name and Degree:____

____Psychologist ____ Counselor ____Social Worker ____Psychiatrist

____Physician ____Nurse Practitioner ____Physician's Assistant

____Other:____

Business Address:____

Phone:__________________________________ FAX:_________________________

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2) Clinician Name and Degree:____

____Psychologist ____ Counselor ____Social Worker ____Psychiatrist

____Physician ____Nurse Practitioner ____Physician's Assistant

____Other:____

Business Address:____

Phone:__________________________________ FAX:_________________________

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3) Clinician Name and Degree:____

____Psychologist ____ Counselor ____Social Worker ____Psychiatrist

____Physician ____Nurse Practitioner ____Physician's Assistant

____Other:____

Business Address:____

Phone:_________________________________ FAX:________________________

Academic Plan

____I am ready to return to the unstructured and demanding academic environment on a full-time basis.

____I am not ready to resume full-time enrollment, but request part-time enrollment.

Comments:____

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Continued Treatment Plans

____I do not intend to continue treatment upon re-enrollment.

____I will continue treatment with my current treatment provider.

____I wish to transition my treatment to CCU Counseling Services or Student Health Services.

____I plan to transition my treatment to another provider:_________________________

____ _________________________

Student Signature Date

After this form and all documentation from all treating clinicians are received, the student may schedule an evaluation appointment with the Director of Counseling Services or the Director of Student Health Services.