

Guidelines for Medical Withdrawal for Psychological Reasons

(For full description see Student Handbook Ch. 5 Voluntary Medical Withdrawal)

The Medical Withdrawal for Psychological Reasons: General information

A student may request a medical withdrawal from Miami University for psychological reasons if during the course of a semester he or she suffers from a psychological condition that prevents him/her from performing the essential functions of a student (e.g. unable to attend classes, unable to complete academic responsibilities, etc.) for an extended period of time. The severity and duration of the problem must be such that it would not be reasonable to expect the student to be able to make up the missed work. Requests for a medical withdrawal for psychological reasons must be made in writing by the student to the Director of the Student Counseling Service and must be supported by a licensed mental health professional in the form of a letter documenting the professional's assessment and diagnosis of the student and clearly indicating support for the withdrawal. The Director of the Student Counseling Service has the ultimate authority to approve a medical withdrawal for psychological reasons. The student will be notified in writing if the request has been approved or denied. **The form for requesting a medical withdrawal is attached at the end of these Guidelines and may also be obtained online at www.muohio.edu/studentcounseling.**

If the request for a medical withdrawal for psychological reasons is approved, a medical **hold will be placed on the student's future registration**. The medical hold will remain in effect until a mental health professional has submitted a letter to the Director of the Student Counseling Service documenting their assessment that the student's condition has improved sufficiently for the student to return to the academic environment, and a lift of the medical hold has been approved by the Director of the Student Counseling Service.

The student should be aware that a medical withdrawal will relieve a student of responsibility for uncompleted academic work but will not provide credit for work completed that semester, unless the student has completed and been assigned a passing grade in a sprint course prior to the withdrawal. (Note: A medical withdrawal is "all or nothing"; it is not possible to receive a medical withdrawal from individual classes while remaining enrolled in other classes. A student may petition the Inter-divisional Committee of Advisers for withdrawal from single or multiple classes after the withdrawal deadline (9th week of classes) has passed by contacting his/her divisional advisor). The student's transcript from a withdrawn semester will indicate only "officially withdrawn [date]" without specifying the nature of the reason for withdrawal in order to protect the privacy of the student. Any **reimbursement of tuition or fees** due to the student will be determined through the Office of the Bursar's graduated refund schedule based on the last date the student attended any class, rather than the date of onset of the condition prompting the request for withdrawal. (Note: It is possible that a tuition refund plan may cover part of the non-reimbursable tuition, for families who purchased such a plan.) The student should also be aware that withdrawing from school may affect their eligibility for insurance coverage, student loans, etc. and should contact their insurance carrier or loan source for specific information.

Procedure for Obtaining a Medical Withdrawal for Psychological Reasons:

1. Assessment:

The **student** should complete a **psychological assessment** by a licensed mental health practitioner who will determine if the student is suffering from a psychological condition that is preventing him/her from performing the essential functions of a student. This assessment may be completed by staff at the Student Counseling Service or by other mental health providers qualified to make mental health assessments and diagnoses.

2. Documentation:

The **mental health professional** will then write a **letter** indicating their assessment of the student's current emotional and mental health status; diagnoses (if any); a brief explanation of the circumstances that led to the

decision to withdraw; and indication of their clear support for the option of medical withdrawal as being in the student's best interest.

3. Application:

The **student** should then complete the **Request for Medical Withdrawal Form** available at the Student Counseling Service or on-line at www.muohio.edu/studentcounseling. This form should clearly indicate the student's rationale for the request, including an explanation of why the condition is sufficiently persistent and serious as to warrant withdrawal from all classes.

4. Submission:

The **letter from the mental health professional** and the student's completed **Request for Medical Withdrawal for Psychological Reasons Form** should be forwarded to:

Dr. Kip Alishio, Director
Student Counseling Service
195 Health Services Center
Miami University
Oxford, OH 45056
FAX: 513-529-2975
Email: alishikc@muohio.edu

Submissions faxed or emailed must include official electronic signatures of all medical personnel and the student.

5. Notification:

If the withdrawal is granted, the student will receive written notification at their permanent address by U.S. mail from the University, indicating that the withdrawal has been successfully processed, that the registration hold is in place, and action to be completed prior to returning to Miami. If denied, similar notification will be sent to the permanent address.

6. Clinical Follow-up:

The student should complete ongoing counseling/treatment as agreed to with a mental health professional. It is strongly suggested that for the student's best interest and greatest likelihood of future success, he/she work with a mental health professional toward the goal of returning to academic life only when a functioning behavioral plan has been enacted which helps the student to manage stressors and remain active, engaged, and successful at achieving academic goals. He/she should feel emotionally and mentally well prepared for the rigors of returning to school after an absence before applying for re-admittance. At minimum the student must be evaluated by a licensed mental health professional prior to application for re-admittance to the university.

7. Reinstatement:

The mental health practitioner should send a **letter** to the Director of the Student Counseling Service, as above, verifying that the condition which led to the withdrawal no longer prevents the student from performing the essential functions of a student without posing a significant risk of substantial harm to self or others.

8. Notification:

Upon receipt of this documentation, the Director will make a decision regarding re-enrollment and notify the student in writing of that decision.

9. Timing of Requests:

All requests for medical withdrawals from the current semester **should be completed before the end of the semester and as close as possible to the last date of class attendance**. Applications for withdrawal submitted after a semester has been completed are considered **Retroactive Withdrawals**. Under extraordinary circumstances a student may request withdrawal from a semester that has already ended. The procedures for requesting a Retroactive Medical withdrawal are the same as for ordinary medical withdrawal, except these requests will be decided by the Medical Evaluation Committee. The critical criteria for approval of a Retroactive Medical Withdrawal is that supporting documentation be provided by an appropriate health care professional who

was involved in the assessment and/or treatment of the student's condition *during the semester* for which the condition is claimed to have prevented the student from functioning. Exceptions to this requirement may be considered if supported by detailed documentation by the medical/mental health professional who was involved in assessment and/or treatment of the student's condition within a reasonable period of time (e.g. a few weeks at most) subsequent to the semester in question.

Application for removal of the hold on registration and reinstatement should also be made in a timely fashion, e.g. as soon as the mental health professional is able to provide the supporting documentation of improvement. Submission of this documentation later than seven (7) days before the beginning of the semester may also result in delayed processing and therefore a delay in registration for classes.

Appropriate mental health practitioners for the purposes of supporting medical withdrawal or return after withdrawal include: **licensed social workers, counselors, psychologists, or psychiatrists** (and other medical professionals licensed to make mental health assessments and diagnoses such as family physicians, if sufficient detail is included) who are in good standing in their fields and who do not have a familial relationship with the student.

Questions? Please contact the Student Counseling Service at (513) 529-4634.

Please keep a copy of these Guidelines for future reference. They are also available online at www.muohio.edu/studentcounseling.

Miami University
Request for Medical Withdrawal

Check if this request is for a condition primarily: _____ medical in nature (submit to Medical Director), or
 _____ psychological in nature (submit to Director of
 Student Counseling Service)

Name (Last) _____ (First) _____ (Initial) _____

Semester and year _____ you are requesting withdrawal from (identify one semester only):

1st Semester 2nd Semester Summer I II III IV

_____/_____/_____ Banner I.D.+ _____ or _____
 Date of last (most recent) class _____ Social Security # (optional)
 attendance during semester indicated

 Year in School _____ Major, Program, or Division _____

Local Street Address _____ Apt. _____

 City _____ State _____ Zip _____ Phone _____ Cell Phone _____

Home Street Address _____ Apt. _____

 City _____ State _____ Zip _____ Phone _____ Cell Phone _____

I request consideration for a Medical Withdrawal, based upon the following circumstances (use back if necessary):

In requesting this medical withdrawal, I assert that for a significant period during the semester indicated my physical, mental, and/or emotional condition has prevented me from performing the essential functions of a student. I have read and discussed the **Guidelines for Medical Withdrawal for Psychological Reasons** with my mental health professional. By signing below, I acknowledge that I understand the policies noted therein and my responsibilities in applying for and potentially returning from a medical withdrawal for psychological conditions as well as for related financial implications.

Signature in ink _____ Date _____