



Colonial Health Center

Mental Health Services

STUDENT INSTRUCTIONS FOR PURSUING A MENTAL HEALTH WITHDRAWAL

1. Complete and submit an Exception Request form to the Office of Advising at your respective college.
2. Complete the Self-Assessment form. This form should be thorough and detailed. Please address the specific concerns and symptoms and how they impacted your academic functioning during the semester in question.
3. Complete each applicable segment of the Authorization to Disclose Mental Health Information form (also known as the Release of Information form).
4. Collect all supporting documentation substantiating an emotional/mental health concern. This can include hospital paperwork and letters from current/past treatment providers. The documentation should be on letterhead and signed at the bottom. Treatment providers supplying documentation should be licensed or board certified and qualified to render a professional opinion. The provider must not be a family member, relative, significant other, or family friend of the student.
5. Obtain an unofficial copy of academic transcripts. This can be obtained through GWeb.
6. Return the completed packet to Mental Health Services (MHS) via email (counsel@gwu.edu), fax (202-994-5267) or by delivering the packet to the Colonial Health Center (Marvin Center, Ground Floor).
7. Once the completed withdrawal packet is received by MHS, a clinician will contact you within five to seven business days to schedule the Mental Health Withdrawal Assessment.

-
- All paperwork should be completed and provided to the MHS clinician prior to the assessment.
 - There is a \$60 assessment fee per session due at the time of service. For convenience, the fee can be billed to student accounts. Students can submit a fee reduction form with appropriate documentation.
 - Mental Health Withdrawal Assessments must be scheduled and cannot be conducted on a “walk-in” basis.



Colonial Health Center

Mental Health Services

MENTAL HEALTH WITHDRAWAL SELF-ASSESSMENT

Student's Name: _____ GW ID Number: _____

School/College: _____ Year: _____

Withdrawal Request for (Semester and Year): _____

- Full Withdrawal (entire semester)
- Partial Withdrawal (course name and number): _____

-
1. What month/date did your mental health/emotional difficulties begin to interfere with your academic functioning?

 2. Was there a traumatic event or unusual situation that contributed to your difficulties? If yes, please provide a brief description.

 3. What psychological symptoms (i.e., depression, anxiety, other emotional distress) are/were present during the semester under review?



Colonial Health Center

Mental Health Services

4. How did the symptoms interfere with your daily/academic functioning during the semester under review? Please be specific.
5. Do you have any documentable medical problems or learning disabilities that may have interfered with academic functioning during the semester in question? If yes, please indicate. Are you registered with Disability Support Services (DSS)?
6. Have you discussed extensions or incompletes with your professors? If no, please address why extensions and incompletes were not discussed.
7. List any coping strategies or resources you used for each affected course (e.g., tutoring, advisor or professor meetings, study groups, workshops, counseling).



Colonial Health Center

Mental Health Services

8. Have you had any previous withdrawals or academic difficulties as reflected on your academic transcript? If yes, please address the circumstances surrounding the previous withdrawal or academic difficulties.
9. Are you currently receiving mental health treatment? Have you received mental health treatment in the past? If so, with whom? Please indicate the duration and frequency of the treatment.
10. What are your plans for addressing the mental health/emotional difficulties that led to your request for withdrawal (e.g. treatment)?
11. Any additional information that would be helpful in reviewing your request?



Colonial Health Center

Mental Health Services

AUTHORIZATION TO DISCLOSE MENTAL HEALTH INFORMATION AS SPECIFIED IN THE DISTRICT OF COLUMBIA MENTAL HEALTH INFORMATION ACT OF 1978

I authorize the George Washington University Mental Health Services to disclose the following information (check all that apply):

- Entire mental health record
- Dates on which services were received
- Intake & termination statements
- Diagnosis
- Assessment / testing
- Treatment information
- Other (please specify): See Below

to the following person(s) or organization(s):

Name(s): Director of Academic Advising: _____

Name(s): Student Support and Family Engagement Office: Tracy Arwari, Kiran Edelstein, KendraScott

Name(s): ISO advisor (if applicable): _____

Name(s): Mental health treatment provider (if applicable): _____

Name(s): Parents/ Other (if applicable): _____

The following information is EXCLUDED from this release (describe if applicable):

The purpose for which the above information is to be disclosed:

To assess student for mental health withdrawal for _____ (indicate Fall/Spring and Year) semester. Notification of assessment results and recommendations for future plan/treatment.

This authorization is subject to revocation, except 1) where a separate authorization is executed in connection with my obtaining a life or non-cancellable or guaranteed renewable health insurance policy in which the case the insurance company will set its own date of expiration not exceeding two years from the date of the policy, and 2) where an authorization is executed in connection with my obtaining any other form of health insurance policy in which case the insurance company will set its own date of expiration not exceeding one year from the date of the policy.

This authorization expires 365 days from the date this form is signed, unless otherwise indicated below.

Signature of Client or Authorized Representative

_____/_____
Date signed / Expiration Date (if <365 days)

Name of Client or Authorized Representative (please print)

GW ID Number

Witness (please print)

Signature of Witness