

Medical or Compassionate Withdrawal Overview

A medical or compassionate withdrawal is a service for students who experienced a significant life event that severely impacted academic success in a given semester, and grade accommodations are not achievable. Students who pursue this type of withdrawal must provide clear, credible, and substantive evidence regarding the event. Typically, a student seeking a medical/compassionate withdrawal will be considered for approval to be withdrawn from all courses, unless there are provable, extenuating circumstances to permit a partial (course) medical/compassionate withdrawal. Approval is at the discretion of the college, and submitting a request does not guarantee approval. **Once a decision is processed, it is final.**

Medical Withdrawal

A **medical withdrawal** request is reserved for students who are experiencing (or experienced) an unexpected serious illness/medical condition/injury in which prevents or prevented the student from continuing their courses. For complete or partial medical withdrawal requests, a letter on official letterhead from the student's healthcare provider, primary care physician, or licensed medical professional is required.

Compassionate Withdrawal

A **compassionate withdrawal** is reserved for students who are experiencing or experienced a significant personal event unrelated to their health, in which prevents or prevented the student from continuing their courses. Appropriate circumstances may include the serious illness or passing of a loved one/spouse, providing caregiving services to a family member, financial hardships/change in employment status, etc. Other significant life events may also be considered if a student demonstrates how an event led to a persistent, negative impact on academic success. Students experiencing other challenges such as having difficulty with time management, work-life balance, or other personal co-curricular commitments **are not** considered an emergency or extenuating circumstance beyond a student's control.

Complete vs. Partial (Course)

A complete medical/compassionate withdrawal is a request to withdraw from all courses from the current or past semesters. Complete medical/compassionate withdrawals are the most commonly requested. A partial (course) medical/compassionate withdrawal is a request to withdraw from one or more courses (less than a complete request) from current or past semesters. Please note, partial withdrawal requests are approved occasionally and require well-documented materials to be considered for approval.

Consider Before Submission

Direct Admit BSN Students (DA Status)

- If approved for a *complete medical/compassionate withdrawal*, although automatically approved to maintain DA status, meet with your Academic Advisor to complete a Variance Petition to indicate approval of MCW and proposed plan of study based upon return to the program.
- If approved for a *partial medical/compassionate withdrawal*, meet with your Academic Advisor to complete a Variance Petition to request to maintain DA status and proposed plan of study based upon return to the program.

International Students (J1/F1 Visa)

- Consult with ASU's International Students and Scholars Center (issc@asu.edu) to discuss the serious immigration consequences of an approved medical or compassionate withdrawal.
- Complete and submit the Medical Reduced Course Load Request form and submit to ISSC.
- If your withdrawal is approved, the Edson College MCW Designee will notify ISSC for their approval and review.

Veteran Students Using VA Benefits

- Consult with a Pat Tillman Veterans Center representative (ptvc@asu.edu) to discuss available, alternative resources and the impact of benefits of an approved medical or compassionate withdrawal.

Graduate Students (All)

- Per the Graduate College handbook, Graduate students with "an approved medical or compassionate **complete withdrawal** is valid towards meeting the continuous enrollment policy."

Gathering Documentation

All medical withdrawals require a letter on official letterhead from a healthcare provider, primary care physician, or other licensed medical professional. The letter must include the following information:

- Date of onset or worsening of medical condition/illness/injury **within the requested semester/session**
- If medical care was given, lay out a timeline of care to show it was provided **within the requested semester/session**
- General nature of the medical condition/illness/injury and how it is preventing the student from attending class or completing classwork
- Date of anticipated return to school
- *For partials*: Identify and elaborate how the student is capable to complete some classes, but not others.

All compassionate withdrawals require thorough, professional/credible documentation. Please note the following:

- Dependent upon the nature of their circumstances or situation
- Give credence or strengthen their request
- Provide a timeline of the event(s) within the requested semester/session
- *For partials*: Detailed documentation will be requested to justify the selective nature of the request for consideration

Examples of acceptable documentation for complete and partial compassionate withdrawals may include (but are not limited to):

- Hospital records
- Copy of legal documents
- Copy of death certificate, obituary notices/links, funeral cards, air tickets if travel was required
- Letters of support from social workers, doctors/nurses/hospice assuming you are providing caregiving services

If unsure of what documentation to provide, students are encouraged to reach out to the Edson College MCW Designee. Please note additional documentation may be requested.

Financial and Enrollment Status

The medical and compassionate withdrawal process is primarily focused on the student's academic record as it relates to the student's health and well-being. In some cases, partial tuition adjustments or nonrefundable credits may also be granted through the medical/compassionate process. This will depend on each individual student's circumstances and is only an option if approved within **two years from the requested semester**.

The Edson College MCW Designee cannot provide information about the financial repercussions of pursuing a medical or compassionate withdrawal. It is recommended to consult with a Financial Aid counselor at (855) 278-5080 to identify and understand the financial implications of processing this type of withdrawal.

Next Steps

For more information about the University's medical/compassionate withdrawal process, visit <http://students.asu.edu/forms/medical-compassionate-withdrawal-request>. If your situation meets the criteria for either a medical or compassionate withdrawal, proceed to submit a packet for consideration.

Students are expected to submit all forms of request and documentation. If there is any question about the submitted documentation, the student will be notified by the Edson College MCW Designee via email and given an opportunity to clarify the information. Once all required documentation has been received the student's request will be reviewed. The student will be notified noting the outcome of the request (approved or denied) via ASU email. If a medical or compassionate withdrawal is approved, notification will be sent to the University Registrar's Office and other affiliate units. Please note the following:

- Medical and compassionate withdrawals may take up to **four weeks** to be reviewed and processed.
- In most cases, we will NOT approve a medical or compassionate withdrawal for multiple semesters for the same issue. For a new request to be considered for the same circumstances, substantial new information or documentation will be required. Students are expected to take a leave from their studies until their doctors have cleared them to return to the university.
- If no documentation is provided to support the student's request, the withdrawal will be denied.
- Incomplete requests will not be reviewed.

Edson College – Medical Compassionate Withdrawal Request (Student Use Only)

Full Name:	ASUID:
Request Type: <input type="checkbox"/> Medical Withdrawal	<input type="checkbox"/> Compassionate Withdrawal
Date of last attendance or participation in courses (Required):	

- Completed Cover Sheet** (this page)
- Typed Personal Statement**
 - Compose a detailed statement explaining the reasons for your medical or compassionate withdrawal. Your statement should include a timeline for the circumstances that led you to your withdrawal and how they prevented you from attending classes and completing assignments during the requested semester/session. Please also describe the impact the situation had on your academic performance. Also, include the last date you attended or participated in courses as well as the academic term you plan to return to your academic program or studies.
 - If requesting a partial withdrawal, clearly explain how the event or circumstance affected some of your courses but not others. Please provide a detailed description of the severity of the situation and how it impacted the specific courses you are seeking to withdraw from.
- Request for Documented Medical/Compassionate Withdrawal form**
 - The request form is available on the next page (Pg. 4)
 - List each course you want considered for the withdrawal. Use MyASU > “View My Schedule” to ensure form is completed accurately.
 - A separate form must be provided for each semester if requesting multiple semesters.
- Evidence to Support Withdrawal** (See "Gathering Documentation" section for guidelines.)

By submitting the request, the student acknowledges that completing the request does not ensure approval. All the information the student provides must be accurate and truthful. To reiterate, incomplete requests will not be approved and requests without documentation will be denied. Submit the completed packet in person or by email to the attention of:

Xochilt X. Zelaya
ASU Mercado, Building C
502 E. Monroe St.
MERC-C 250
Phoenix, AZ 85004
(xzelaya@asu.edu)

Resources

- [Medical/Compassionate Withdrawal Process, FAQs, College Contacts, Request form](#)
- [Tuition Refund Policy](#)
- [ASU Financial Aid and Scholarship Services Contact Resources](#)
- [Charge Inquiries: Who to Contact](#)
- [ISSC Medical Reduced Course Load Provider form](#)
- [ISSC Office Locations and Contact Information](#)
- [PTVC Staff and Contact Information](#)
- [SSM 201–08: Withdrawal from Classes—General Policy](#)
- [SSM 201–09: Withdrawal from Classes for Medical/Compassionate Reasons](#)



REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL

ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR SERVICES

College Use Only

Received Date

Medical or Compassionate Withdrawal (Check One):
[] Medical Withdrawal: This form must be accompanied by an original letter from your health care provider...
[] Compassionate Withdrawal: This form must be accompanied by credible documentation appropriate to your situation.
NAME (Last, First, MI.) ASU I.D. NUMBER PHONE NUMBER:
Street Address: City: State: Zip Code:
Are you receiving or did you receive Financial Aid or a scholarship? [] Yes* [] No
Are you an International Student with an F1 or J1 visa? [] Yes* [] No
Are you receiving or did you receive VA Benefits? [] Yes* [] No
SEMESTER (Check One): [] Spring [] Summer [] Fall YEAR:
TYPE OF WITHDRAWAL (Check One) [] Course Withdrawal [] Complete Withdrawal COLLEGE/ACADEMIC UNIT:
Table with columns: Course Prefix & Number, Class Number, Session, Units, Approved Effective Date.
I request medical/compassionate withdrawal as indicated above and supported by the attached documentation.
Student Signature Relationship Date
Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator: APPROVAL (Check One)
Change probation status to (Check One): [] P [] C [] Good Standing [] No Change Should the Student be put on administrative hold?
[] Remove from future classes for indicated term(s): [] Spring [] Summer [] Fall Year:
Comments:
Authorized Signator of College/Academic Unit Printed Name: Authorized Signature of College/Academic Unit: Date:
DISTRIBUTION:
All documentation submitted with this form is retained by the designee and is not copied or forwarded to any other office or department
If request is disapproved: All copies and documentation are retained by College/Academic Unit for five years.
If request is approved:
Original: Retained for five years by Designee with originals of medical documentation
Copy: University Registrar Services, Records & Enrollment Services
Copy: Student Accounts, Financial Aid and Scholarship Services, Student
College/Academic Unit: Department: Mail Code: Phone: