

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. Students who pursue this type of withdrawal must provide clear, credible, and substantive evidence regarding the event in question. Approval is at the discretion of the college, and completing the process does not guarantee approval. An approved withdrawal will convert all grades to a “W” in a given semester unless there are provable, extenuating circumstances to permit a partial withdrawal. There are limitations on how many withdrawals can be approved, and most are approved within two years of the semester in question.

A **medical withdrawal** may be requested when extraordinary circumstances such as a serious illness or injury prevent the student from continuing classes. This policy covers both physical-health and mental-health events.

A **compassionate withdrawal** may be made in extraordinary cases in which a significant personal situation, (for example, the serious illness of a child or spouse or the death of a parent, child or spouse) prevents a student from continuing in classes. Other significant life events may also be considered so long as a student demonstrates how an event led to a persistent, negative impact on academic success.

Finances and Enrollment Status

If you are receiving financial assistance such as scholarships, grants, financial aid, or private loans, you are strongly encouraged to consult with Financial Services at (855) 278-5080 to identify and understand the monetary implications of processing this withdrawal. International students should speak with International Student and Scholars Center (issc.asu.edu) on how a change in enrollment may impact student status. Students in the clinical portion of a nursing program may also require approval to return and additional health clearance before returning to the clinical space. Graduate students should work with their academic advisor to understand possible repercussions from a lapse in enrollment.

The following items are required for consideration of this request:

1. Completed cover sheet (page 2), including your signature.
2. Typed personal statement outlining the general nature of the event and its negative impact academically.
3. Completed medical/compassionate withdrawal request form (page 3). Specific course information is located in MyASU > “View My Schedule.”
4. Evidence to support the withdrawal. Acceptable documentation is outlined on the cover sheet (page 2).

Incomplete requests will delay the review process and will remain in “pending” status for up to one year. Please submit the completed withdrawal packet in person, by mail, or by e-mail to the attention of:

Joe Kaufman
Undergraduate Student Academic Services Office
502 East Monroe Street, Suite C250
Mail Code 8220
Phoenix, AZ 85004-4431

E-mail: Joe.Kaufman@asu.edu

COVER SHEET

Full Name _____

ASU ID # _____
(begins with 100, 120, or 121, ex. 1210559999)

Type of Request:

Medical Withdrawal

Compassionate Withdrawal

Please make sure you can check all the boxes below to ensure a complete withdrawal request:

1. Completed Cover Sheet (this page)

2. Typed Personal Statement

- a. In your words, please include the general nature of the situation, including the date of the onset of the event and how it had a negative impact academically.
- b. For partial withdrawal requests, make sure to clearly outline how the event was severe enough for some courses to be impacted, and also how other courses were not impacted. Please be specific.

3. Request for Documented Medical/Compassionate Withdrawal form (page 3, please use MyASU > "View My Schedule" to ensure form is completed accurately)

4. Evidence to Support Withdrawal

- a. Medical Withdrawals require a letter, on letterhead, from your health care provider. The letter must include the following information. Additional documentation may also be provided if desired:
 - i. Date of the onset of the illness or medical event
 - ii. Dates of medical care
 - iii. General nature of the medical condition and how it prevented you from completion of your coursework
 - iv. Last day you were able to attend class
 - v. Date of your anticipated return to school
- b. Compassionate Withdrawals require documentation that pertains to the event in question. For example, there was an illness with an immediate family member, a letter from that family member's health care provider should be included and that you are a primary caregiver. For the death of a family member, an obituary or death certificate should be provided. Please work with your withdrawal designee for what type of documentation is acceptable for each situation.

By signing below, I acknowledge that completing the request does not ensure approval. All the information I am providing is accurate and truthful to the best of my knowledge.

Signature

Date



REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR SERVICES

Received Date

Medical or Compassionate Withdrawal (Check One):

<input type="checkbox"/> Medical Withdrawal: This form must be accompanied by an original letter from your health care provider, documenting the date of onset of illness, dates of medical care, general nature of your medical condition, why/how it prevented completion of your course work, date of your anticipated return to school, and the last date you were able to attend class. The original letter must be typed on your health care provider's letterhead stationery and submitted in a sealed envelope.	<input type="checkbox"/> Compassionate Withdrawal: This form must be accompanied by credible documentation appropriate to your situation. Contact your college designee to determine what documentation will be acceptable for your specific situation.
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NAME (Last, First, MI.)	ASU I.D. NUMBER	PHONE NUMBER: ()
PERMANENT ADDRESS (NUMBER, STREET, APT.)	CITY, STATE, ZIP	

Are you receiving or did you receive Financial Aid or a scholarship? No Yes: I understand that I must contact Financial Aid for advisement on how my Financial Aid will be affected. **Financial Aid recipients who completely withdraw from the university may be responsible for repayment of funds.**

Are you an International Student with an F1 or J1 visa? (Check One) Yes* No
 *Serious immigration consequences may result from withdrawing or dropping below full-time enrollment status. International students with an F1 or J1 visa whose drop or withdrawal will result in less than full-time enrollment must obtain advising from the International Students and Scholars Center in Student Services Bldg., Room 170. For more information visit the ISSO website at <https://students.asu.edu/international>, or call (480) 965-7451

INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE: _____ Date: _____

SEMESTER (Check One): Spring Summer Fall YEAR: _____

TYPE OF WITHDRAWAL (Check One) <input type="checkbox"/> Course Withdrawal (Withdrawal from classes listed below). <input type="checkbox"/> Complete Withdrawal (Withdrawal from all classes. List all classes below).	COLLEGE/ACADEMIC UNIT:
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Course Prefix & Number: (i.e. ENG 101)	Class #: (i.e. 30438)	Session: (i.e. A, B, or C)	Units: (i.e. 1, 3, 4)	Approved Effective Date: (College Use Only)

I request **medical/compassionate** withdrawal as indicated above and supported by the attached documentation. Permission is granted to contact any of the documentation/information providers. I confirm that information provided is accurate and complete, and I understand that falsification may result in disciplinary action up to and including suspension or expulsion from the university. An approved medical/compassionate withdrawal cannot be reversed. **Financial Aid recipients who completely withdraw from the university may be responsible for repayment of funds.**

Student Signature (I acknowledge that I understand the above statement): _____	Relationship (If not student): _____	Date: _____
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Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator: APPROVAL (Check One): Approved Disapproved

Change probation status to (Check One): P C Good Standing No Change Should the Student be put on administrative hold? Yes No

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: _____
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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:	Mail Code:
	Department:	Phone:

Received Stamp	For University Registrar Services Use Only	Processed Stamp
	Official Withdrawal Date: _____	
	Notation (If Needed): _____	