

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. Approval is at the discretion of the college, and submitting a request 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.

Medical Withdrawal

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. Students who are granted a medical withdrawal may have an administrative hold placed on their records and will not be allowed to attend class again until the doctor has sent a release.

Compassionate Withdrawal

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 if a student demonstrates how an event led to a persistent, negative impact on academic success.

Finances 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 wellness. In some cases, partial tuition adjustments or nonrefundable credits may also be granted through the medical and compassionate withdrawal process. This will depend on each individual student’s circumstances and is only an option if approved within two years of the end of the semester.

The Edson College of Nursing and Health Innovation’s withdrawal designee cannot provide information about financial repercussions of pursuing a medical or compassionate withdrawal. The medical designee cannot answer questions about how a withdrawal would affect a student’s financial aid, nor do we consider the financial implications as relevant for this withdrawal process. If you are receiving financial assistance such as scholarships, grants, financial aid, or private loans, you are encouraged to consult with Financial Services at (855) 278-5080 to identify and understand the financial 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.

Students utilizing VA benefits should consult with the Pat Tillman Veteran’s Center (PTVC@asu.edu) prior to applying for a medical or compassionate withdrawal.

Next Steps

Read the information about medical or compassionate withdrawals at: <https://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 **in writing only**. If there is any question about the submitted documentation, the student will be notified by 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 receive an email noting the outcome (either approval or denial) which will be sent to the student via ASU email.

Medical and compassionate withdrawals may take up four weeks to be reviewed and processed. Multiple requests for the same circumstances using the same documentation will not be approved. In order for a new request to be considered for the same circumstances, substantial new information or documentation will be required.

If a medical or compassionate withdrawal is approved, notification is sent to the University Registrar.

Please note the following:

- Failure to do well in a class or classes is not sufficient reason to request a medical or compassionate withdrawal and will result in a denial.
- If you have already received a medical withdrawal for a condition, you may not receive another medical withdrawal for that same condition. 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.

Request Submissions

Submit the completed withdrawal packet in person, by mail, or by e-mail to the attention of:

Amy Ahlstromer
502 East Monroe Street, Suite C250
Mail Code 8220
Phoenix, AZ 85004
amya@asu.edu

Edson College – Medical Compassionate Withdrawal Request

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 letter outlining why you are asking for the medical or compassionate withdrawal. This information is confidential, but it must include the relevant **timeline** for your illness (medical withdrawal) or the events related to your child, spouse, or immediate family member(s) (compassionate withdrawal).
- Include the date of the onset of the event and how it had impact academically.
- For partial withdrawal requests, clearly outline how the event was severe enough for some courses to be impacted, and also how other courses were not impacted.

Request for Documented Medical/Compassionate Withdrawal form

Download and completely fill out the medical/compassionate withdrawal request form (<https://students.asu.edu/forms/medical-compassionate-withdrawal-request>).

- List each course you want considered for the withdrawal. Use MyASU > “View My Schedule” to ensure form is completed accurately
- Partial medical or compassionate withdrawals are rarely approved
- A separate form must be provided for each semester if requesting multiple semesters.
- In most cases, we will NOT approve a medical or compassionate withdrawal for multiple semesters for the same issue.

Evidence to Support Withdrawal

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.

- Date of the onset of the illness or medical event
- Dates of medical care
- General nature of the medical condition and how it prevented you from completion of your courses
- Last day you were able to attend class
- Date of your anticipated return to school

Compassionate Withdrawals require verification documents which may include:

- Hospital records
- Legal papers
- Airline tickets
- Obituary notices and/or funeral cards
- Letters of support from social workers, doctors/nurses/hospice (if you are the caregiving)

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.

Incomplete requests will not be reviewed. Submit the completed withdrawal packet in person, by mail, or by e-mail to the attention of Amy Ahlstromer, amya@asu.edu.



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

Received Date

Medical or Compassionate Withdrawal (Check One):

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.

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.

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:
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SEMESTER (Check One): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	YEAR:
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TYPE OF WITHDRAWAL (Check One)	<input type="checkbox"/> Course Withdrawal (Withdrawal from classes listed below).	COLLEGE/ACADEMIC UNIT:
	<input type="checkbox"/> Complete Withdrawal (Withdrawal from all classes. List all classes below).	

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): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Change probation status to (Check One): <input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> Good Standing <input type="checkbox"/> No Change	Should the Student be put on administrative hold? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Remove from future classes for indicated term(s): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> 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):	