



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, 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.

☐ **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:
()

Street Address:

City:

State:

Zip Code:

Are you receiving or did you receive Financial Aid or a scholarship? ☐ Yes* ☐ No

*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? ☐ 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 ISSC website at issc.asu.edu or call 480-727-4776.

INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE:

Date:

Are you receiving or did you receive VA Benefits? ☐ Yes* ☐ No

*I understand that I must contact Pat Tillman Veterans Center for advisement on how my VA Benefits will be affected. VA benefit recipients who withdraw from one or more courses may incur a debt with ASU and/or the VA.

PAT TILLMAN VETERAN CENTER SIGNATURE:

Date:

SEMESTER (Check One): ☐ Spring ☐ Summer ☐ Fall

YEAR:

TYPE OF
WITHDRAWAL (Check
One)☐ **Course Withdrawal** (Withdrawal from classes listed below).☐ **Complete Withdrawal** (Withdrawal from all classes. List all classes below).

COLLEGE/ACADEMIC UNIT:

Course Prefix & Number:
(ex. ENG 101)Class Number:
(ex., 12345)Session:
(ex., A, B, or C)Units:
(ex., 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:

Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator:

APPROVAL (Check One):

☐ Approved ☐ DisapprovedChange probation status to (Check One): ☐ P ☐ C ☐ Good Standing ☐ No ChangeShould 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:

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: