Medical/Compassionate Withdrawal Information Sheet and Request Form

Please Read Carefully (printing or submission of this page not required)

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 difficulties.

A compassionate withdrawal may be in extraordinary cases in which a significant personal situation, (for example, the serious illness of a child or spouse or the death of a close family member) prevents a student from continuing in classes. Medical/compassionate withdrawals may be considered when incompletes or other arrangements with instructors are not available or when restricted withdrawals and other enrollment options are not possible.

All requests require credible documentation/personal statement/student signature. Please format docs as a single PDF file for EDocs. Many smart phones apps are available to convert photos into PDF files, search “document scanner” in your app store.

If you are receiving financial assistance, you are strongly encouraged to consult with a Student Financial Aid Counselor to identify and understand the financial assistance / monetary implications of processing this withdrawal transaction.

Please list the following information into your request form like below. The bottom grey box are examples of other courses.

<table>
<thead>
<tr>
<th>SEMESTER (One semester per request):</th>
<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
<th>YEAR: 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type WITHDRAWAL (Check One)</td>
<td>Course Withdrawal (Withdrawal from classes listed below). PARTIAL WD</td>
<td>Complete Withdrawal (Withdrawal from all courses. List all classes below). FULL WD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Prefix &amp; Number:</td>
<td>5 Digit Class Number available in schedule: (ex., 12345)</td>
<td>Course Session Type: (ex., A, B, or C)</td>
<td>Units/Credit Hours: (ex., 1, 3, 4)</td>
<td>Approved Effective Date: (College Use Only)</td>
</tr>
<tr>
<td>Eng 101 (one course per line)</td>
<td>95546</td>
<td>C</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PAF 590</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Circumstance** | **Examples of Appropriate Supporting Documentation**
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The loss of a family member, relative, or significant person in the student’s life | Provide a copy of an obituary or death certificate
The injury, physical illness, or mental illness of the student | Provide documentation (e.g., a physician’s statement, police report or documentation from a third party professional, such as a hospital billing statement), and personal statement
The injury, physical illness, or mental illness of a family member, relative, or significant person in the student’s life | Provide documentation (e.g., a physician’s statement, police report or documentation from a third party professional, such as a hospital billing statement), related to the individual for whom the student provided care or support and/or personal statement
Family difficulties such as divorce or separation of the student or student’s parents | Provide court documentation, or a letter from the attorney in the case
Interpersonal problems with friends, roommates, significant other | Provide a written statement from an attorney, professional advisor or other individual describing circumstances and personal statement
Natural Disasters | Provide a written statement and/or supporting document(s)
Academic Hardship Due to Disability | Provide a written statement from the disability resource center, your academic advisor or third party agency that has been assisting you with your disability and/or academic progress
REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR SERVICES

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

1. Are you receiving or did you receive Financial Aid or a scholarship? ☐ No (skip Q2) ☐ 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.

2. Are you currently meeting Satisfactory Academic Progress as it relates to financial aid? (MyASU Finances) ☐ No ☐ Yes

3. 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 ISSC website at issc.asu.edu or call (480) 727-4776

INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE:

Date:

SEASON (One semester per request.) ☐ Spring ☐ Summer ☐ Fall

YEAR:

If you are requesting to be withdrawn from 2 or more semesters, each semester will require a new request form.

TYPE OF WITHDRAWAL (Check One)

☐ Course/Partial Withdrawal (Withdrawal from classes listed below).

☐ Complete Withdrawal (Withdrawal from all classes. List all classes below).

COLLEGE/ACADEMIC UNIT:

Public Service (CPSCS)

Approved Effective Date:

(College Use Only)

S 5 Digit Class Number

(ex., 12345)

Course Prefix &

Number:

(ex., ENG 101)

Units/Credit Hours:

(ex., 1, 3, 4)

Course Session Type:

(ex., A, B, or C)

This information can be located in MyASU, View Schedule.

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:

To ensure the validity and security of your records, a signature is required for all transactions. Requests missing signatures may be disapproved or delayed in processing. Parties signing on behalf of student must have current Parent/Guest Authorization on file or written affidavit related to student.

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:

Authorized Signer of College/Academic Unit Printed Name (Check one):

☐ Douglas Capitan

☐ Other Authorized Signer

Comments:

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

Received Stamp

For University Registrar Services Use Only

Processed Stamp

College/Academic Unit: Public Service

Mail Code: 3520

Department: CPSCS Deans Office

Phone: 6-0232

Received by College: 7/26/2017