Medical/Compassionate Withdrawal Cover Sheet
Please Read Carefully

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 thorough and credible documentation. Usually, consideration is for a complete withdrawal; application for less than a complete withdrawal must be especially documented to justify the selective nature of the request. It is your responsibility to insure appropriate forms and documents are included and complete. However, completing the process does not guarantee or insure approval; each case is reviewed individually. The medical designee may seek additional information from you, from your instructors or from those providing the documentation. Verification of authenticity of documentation is standard practice.

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

The following items are REQUIRED for consideration of this request.

- 1 request for each semester
- Completed medical /compassionate withdrawal request form with course information:
  - College/Academic Unit: PUBSRV
  - Class Number: See class schedule in MyASU, 5 digits
  - Units: Credit hour/s for requested course/s
  - Session: A (1st half of sem), B (2nd half of sem), C (full sem)
- Appropriate documentation as indicated on this cover sheet
- Please submit all documents at once to ensure expeditious review and processing

***************Submission | Appointments | Questions***************

Douglas Capitan, College of Public Service and Community Solutions MCW Designee
Email Address: douglas.capitan@asu.edu
To ensure your privacy please use your ASU email while conducting official business. You may CC additional emails for your records.
Office Location:
University Center (UCENT) suite 750 (7th floor)
Mailing Address:
411 N. Central Avenue Phoenix, AZ 85004-2163
Appointment Availability and Scheduler (If you require a return phone call please include your phone #)
https://calendly.com/student-support
602-496-0955 (fax)
Please submit this cover sheet with the required documentation, a completed medical/compassionate withdrawal form and a brief statement outlining the reason for your request. Incomplete requests will significantly delay reviewing process. Review process can take 3-7 business days after receipt of packet.

Name:_________________________ Email Address ___________________________

ASU ID: _______________________

Indicate type of request: ____ Medical Withdrawal     ____Compassionate Withdrawal

1. Request for Documented Medical/Compassionate Withdrawal form
   The top of the form must be completed and signed by you. If you are physically unable to do so, a parent, spouse, or other representative may do. Please make sure to fill in the last date attended box on the request form. Write a brief statement outlining the reason for your request. The designee reviewing the request may seek additional information.
   ___Form completed and signed
   ___Brief statement attached

2. Documentation
   Medical Withdrawal
   A letter, on letterhead, from your health care provider must be submitted directly to the medical designee. This letter should come in a sealed envelope from your healthcare provider, but in some instances it may be emailed, faxed, or hand delivered. The letter must include the following information.
   a. Date of onset of the illness
   b. Dates of medical care
   c. General nature of your medical condition and how/why it prevented completion of your coursework
   d. Date of your anticipated return to school
   e. Last date you were able to attend class
   Check one
   ___Sealed Letter included ___attached in email ___ Letter being sent to office.
   OR

   Compassionate Withdrawal
   Documentation can vary for this request, but can include copies of death certificates, letters from health care providers for family members, police reports, and/or court documents. If you are unsure what documentation would be required. Contact the withdrawal designee.
   Most requests for a compassionate withdrawal are also required to meet with the withdrawal designee and can request an appointment.

I have read the information sheet regarding this request and understand that completing the request does not insure 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

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:

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: (i.e. ENG101)
Class Number: (i.e, 12345)
Session: (i.e. A, B, or C)
Units: (i.e. 1, 3, 4)

Approved Effective Date: (College Use Only)

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 ☐ 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

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

Received Stamp For University Registrar Services Use Only Processed Stamp

Official Withdrawal Date: Notation (If Needed):

Rev. 7/26/2017