College Use Only

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:

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: (A, B, or C)	**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 ☐ 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:

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):	