

**Arizona State University—Main Campus
University College**

MEDICAL / COMPASSIONATE WITHDRAWAL GENERAL INFORMATION

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 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.

Medical/compassionate withdrawals may be considered when incompletes or other arrangements with instructors are not available, or when restricted withdrawals and other enrollments 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:

- Completed cover sheet, including your signature
- Completed medical /compassionate withdrawal request form
- Appropriate documentation as indicated on cover sheet.

Incomplete requests will significantly delay the reviewing process.

Submission of the packet

This completed packet should be submitted in person to UASB 129 or by mail.

Mailing Address:
Lorraine DeRosa
Office Supervisor
University College, Academic Advising
Box 873801
Arizona State University Main Campus
Tempe, AZ 85287-3801

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MEDICAL/COMPASSIONATE WITHDRAWAL COVER SHEET

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.

Name _____
ID _____

Indicate type of request. **Medical Withdrawal**
 Compassionate Withdrawal

REQUIRED DOCUMENTS

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 day attended box on the request form. Write a brief statement outlining the reason for your request. The medical 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 in a sealed envelope or mailed directly to medical designee. The letter must include the following information:

- Date of the onset of the illness
- Dates of medical care
- General nature of your medical condition and how/why it prevented completion of your course work.
- Date of your anticipated return to school
- Last date you were able to attend class.

Check one: *Sealed letter included*
 Letter being sent under separate cover to address on previous page

OR

Compassionate Withdrawal

Check one: Documentation being gathered to support the request.
 Documentation included to support the request. Please list.

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