

If you wish to submit a Medical/Compassionate withdrawal, please follow these step by step instructions first

# HOW TO SUBMIT A MEDICAL/ COMPASSIONATE WITHDRAWAL REQUEST

If you have any questions or concerns, please reach out the W. P. Carey Medical Designee:

[Enrique Quinones](#)

Medical Designee

Undergraduate Office, BA 160

W. P. Carey School of Business

P.O. Box 873406

Tempe, AZ 85287-3406

# Medical / Compassionate Withdrawal Request Form



## Basic Information:

STEP 1:

First name, last name and email will be pre-populated. Please fill out the remaining boxes and use the drop down menu when prompted

Name: Sparky

Middle Name

Last Name

Email: [sparky@asu.edu](mailto:sparky@asu.edu)

Campus:

ID:

Requesting for (semester/year):

Approximate last date that you were able to attend or participate in class?

Please specify your date since this is crucial for financial aid/scholarships and should correlate with your treatment/incident/ or reason for request

STEP 2:

Write a clear and concise statement outlining your reasoning for submitting a medical or compassionate withdrawal. Please include as much information as possible

## Personal Statement:

Describe the medical or personal circumstances that happened during the semester in question.

**Describe how those circumstances affected your ability to succeed in your courses**

**If requesting a partial withdrawal, why were you able to succeed in some classes but not others?  
(Example: after surgery, I was unable to come to campus. I could complete my icourses, but not my onsite courses)**

**Is there anything else you'd like us to know about your situation?**

STEP 3:

Please attach supporting documentation to support your above statement. Guidelines outlined below:

## Supporting Documentation

Please upload supporting documentation per the guidelines below:

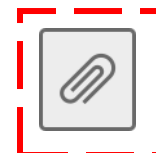
### *Supporting Documentation Guidelines*

Below are *guidelines for your documentation*, the documentation you submit will be specific to your situation. The documentation should corroborate your request by either strengthening the request or providing a timeline for event(s).

### **For example:**

- If your request involves a death, attach a copy of the death certificate, airline itinerary and receipt, funeral pamphlet, etc.
- If your request involves an illness or injury, please ensure the following are included in a note from your medical provider:
  - the date of onset of illness
  - the dates you were under professional care during the semester of the request
  - the general nature of your medical condition and why/how it prevented you from completing your course work/attending class
  - the date of your anticipated return to school
  - the last date you were able to attend class

Attach Supporting Documentation **HERE**



These are a few examples. The documentation provided by each student is unique to their situation. The documentation should contain more information about the circumstances and support your personal statement

**Please be sure to fill out the university medical / compassionate withdrawal form which is on the following page. Your request will be considered incomplete until all information is completed in this form.**

STEP 4:

Fill out and sign the university form below. Some fields will be pre-filled based on your basic information above. It is important to have accurate information for your classes including all classes listed, the five digit class numbers, and sessions. Do not forget to sign your form!



**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.)

Last Sparky Middle

ASU I.D. NUMBER

1234567890

PHONE NUMBER:

(480) 555-5555

PERMANENT ADDRESS (NUMBER, STREET, APT.)

Your Preferred Address

CITY, STATE, ZIP

Your Preferred Address

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 ISSC website at [issc.asu.edu](http://issc.asu.edu), or call (480) 727-4776

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:

W. P. Carey

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:

WPC - MCW Designees

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 &amp; Enrollment Services

Copy: Student Accounts, Financial Aid and Scholarship Services, Student

College/Academic

Unit:

WPC

Mail Code:

3406

Department:

UPO

Phone:

5-0596

Received Stamp

For University Registrar Services Use Only

Processed Stamp

Official Withdrawal Date:

Notation (If Needed):

If you have completed all steps you are ready to **FINISH** and submit request. An email will be sent by Markisha Farrier to confirm your submission

FINAL STEP

FINISH