

Medical/Compassionate Withdrawal Form Instructions & Directions:

- **Step #1**
 - Click on the following tab on the medical/compassionate withdrawal [main page](#).
 - Each request is specific to one individual semester. If you are requesting a withdrawal from classes from more than a single term, you will need to submit an individual request for each semester you are applying for.

Submit a withdrawal

- **Step #2**
 - Fill out your personal information at the top of the form, make sure it's as accurate as possible.
 - Please specify your last date attended as well. This is crucial for financial aid/scholarships and should correlate with your treatment/incident/reasoning to your request.

Basic Information:

Name *

Email *

Campus *

ID *

Requesting for (semester / year): * *

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

Undergraduate Programs

PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 **f:** 480-965-8883 **email:** wpcareyug@asu.edu **web:** www.wpcarey.asu.edu

- **Step #3**
 - Write a clear and concise statement outlining your reasoning for submitting your request. Please include as much information as needed to clearly explain what prevented you from being successful in your classes. Make sure this information is specific to the term you are applying for.

Personal Statement:

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

★

- **Step #4**
 - For additional information, please explain how your circumstance impacted your ability to attend courses or be successful/pass them.

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

★

Undergraduate Programs

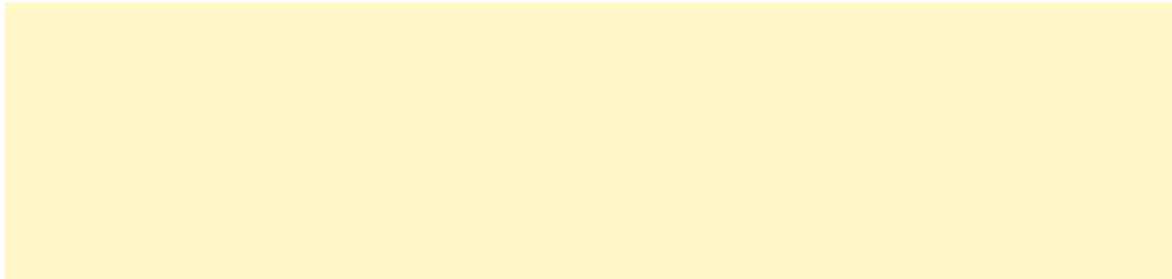
PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 **f:** 480-965-8883 **email:** wpcareyug@asu.edu **web:** www.wpcarey.asu.edu

- **Step #5**

- Please clearly explain how your situation impacted your ability to succeed/attend a specific class and not the others, if applying for a partial withdrawal (partial withdrawal, meaning applying for anything less than your entire semester/all your classes).

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)



- **Step #6**

- If there's anything else you'd like us to know about your situation that you weren't able to include in the questions above, please include that here.

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



- **Step #7**
 - Supporting documentation is critical in reviewing a request, and is required in order to complete this form. You can upload/attach up to six individual documents/attachments/images.
 - Your supporting documentation MUST be specific to the semester you are applying for. If we find it is not, or we need additional information or documentation, we'll make sure to reach out to you via email before processing your request.
 - The documentation should corroborate your request by either strengthening the request or providing a timeline for event(s), and support your personal statement.

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

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.

★ Click to Attach File Attachment 1

Click to Attach File Attachment 4

Click to Attach File Attachment 2

Click to Attach File Attachment 5

Click to Attach File Attachment 3

Click to Attach File Attachment 6

Undergraduate Programs

PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 **f:** 480-965-8883 **email:** wpcareyug@asu.edu **web:** www.wpcarey.asu.edu

• **Step #8**

- Below is the official university form. You cannot submit a request until every section is completed, so make sure you review it carefully for accuracy. Specifically, make sure the class name, 5-digit class number, and class session, are all accurate.
- If the form is filled out incorrectly, you may be asked to resubmit your request and will delay processing times.
- If you are a parent/guardian/family member submitting on behalf of a student, please indicate that on the form in the "relationship" box.
- If you are requesting more than 6 classes, make sure you indicated that this is a "Complete" withdrawal of ALL your classes, and note this in your statement.

ASU REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL
ARIZONA STATE UNIVERSITY
UNIVERSITY ACADEMIC SERVICES

College Use Only
Received Date: 10/06/2022

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, present status of your medical condition, why/how it prevented completion of your course work, date of your anticipated return to school, and the last day you were able to attend class. The original letter must be filed in your health care provider's medical records.

☐ **Compassionate Withdrawal:** This form must be accompanied by credible documentation appropriate to your situation. Contact your college designer to determine what documentation will be acceptable for your specific situation.

NAME (Last, First, MI): _____ ABILITY NUMBER: _____ PHONE NUMBER: _____

Are you receiving or did you receive Financial Aid or a scholarship? ☒ Yes ☐ No
 *I understand that I must contact Financial Aid for advancement 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? ☒ Yes ☐ No
 *Before 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 loss of their full-time enrollment must consult with the International Students and Scholar Center in Student Services Bldg., Room 170. For more information, visit the ISSC website at asu.edu/issc or call 480-951-4775.

INTERNATIONAL STUDENT OFFICE ADVISORY SIGNATURE: _____ Date: _____

Are you receiving or did you receive VA Benefits? ☒ Yes ☐ No
 *I understand that I must contact the Veterans Resource Center for advancement on how my VA benefits will be affected. VA benefit recipients who withdraw from the use of their campus card must advise ASU of their VA status.

VETERAN RESOURCE CENTER 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)

Course Prefix & Number: (ex. ENG 101)	Class Number: (ex. 12345)	Session: (ex. A, B, or C)	Units: (ex. 1, 3, 4)	Approved Withdrawal Status (College Use Only)
ENG 101	53421	C	3	Withdrawal
				Withdrawal
				Withdrawal
				Withdrawal
				Withdrawal
				Withdrawal

I request modifications to courses withdrawn as indicated above and requested by the attached documentation. Permission is granted to contact any of the documentation/information provider. I warrant the information provided is accurate and complete, and I understand that false information 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: 10/06/2022

Medical/Compassionate Withdrawal College/Academic Unit Authorized Signature: APPROVAL CHECK ONE: ☒ Approved ☐ Disapproved

Change protection status to: Check One: ☒ Full ☐ Good Standing ☐ No Change ☐ Should the Student be put on administrative hold? ☐ Yes ☒ No

☐ Remove from Dean's Office for academic reasons: ☐ Spring ☐ Summer ☐ Fall YEAR: _____

Comments: _____

Authorized Signature of College/Academic Unit (Printed Name): _____ Authorized Signature of College/Academic Unit: _____ Date: _____

DISTRIBUTION:
 All documentation submitted with this form is retained by the designer 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 Designer with original of medical documentation
 Copy: University Registrar Services, Records & Business Services
 Copy: Student Accounts, Financial Aid and Scholarship Services, Student

Rev. 03/04/2022

Course Prefix & Number: (ex., ENG 101)	Class Number: (ex., 12345)	Session: (ex., A, B, or C)	Units: (ex., 1, 3, 4)
ENG 101	53421	C	3

Undergraduate Programs

PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 f: 480-965-8883 email: wpcareyug@asu.edu web: www.wpcarey.asu.edu

• **Step #9**

- Once everything is filled out, you will be prompted to submit your request as shown below. Once you click on “Click to Sign” your request will be submitted officially!

Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator:		APPROVAL (Check One): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Change probation status to (Check One): <input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> Good Standing <input type="checkbox"/> No Change		Should the Student be put on administrative hold? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Remove from future classes for indicated term(s): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Year: _____	
Comments:			
Authorized Signator of College/Academic Unit Printed Name:		Authorized Signature of College/Academic Unit:	
Date:		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:

Rev. 03/04/2022

By signing, I agree to this agreement, the Consumer Disclosure and to do business electronically with ARIZONA STATE UNIVERSITY.	Click to Sign
---	-------------------------------



• **Step #10**

- Once submitted, you will see the following note confirming your submission!
- Within 1-3 business days, we will send you an official confirmation email letting you know it was received and provide you with additional details and instructions on next steps.



You're all set

Thank you for signing WPC Medical and Compassionate Withdrawal Application
A signed copy has been sent to you. You can also [download a copy](#) of what you just signed.

Undergraduate Programs

PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 **f:** 480-965-8883 **email:** wpcareyug@asu.edu **web:** www.wpcarey.asu.edu

- **Step #11**
 - That's it! Once you've submitted your request, please allow 10-20 business days for us to review your request. If we have any questions, we'll make sure to reach out to you via email prior to processing.
 - We communicate updates and questions via email, so make sure you keep checking your ASU email the next couple of weeks.
- **Other Important Information to Consider:**
 1. If you are not currently an undergraduate W. P. Carey student, you must submit your request to your assigned college at ASU. If your major is not within W. P. Carey at the time of review, your request will be voided due to university policies.
 2. Partial tuition refunds are not guaranteed, even if your request is approved. Requests must be submitted within two years of the semester in question to be considered for a partial tuition refund. After two years, a refund may not be possible.
 3. If a request is approved, W's will be placed and stay on the academic record. A note will be placed on the unofficial transcript saying "Medical withdrawal effective MM/DD/YEAR." This note does not appear on the official transcript.
 4. If you have scholarships or other financial awards, make sure you connect with the [Financial Aid](#) office to see how a withdrawal will impact you. To request a scholarship deferment, you need to fill out the paperwork with Financial Aid directly.
 5. If you are an international student, please connect with the [ISSC Office](#) to see how a withdrawal could impact you.
 6. If you are using veterans benefits through the [Pat Tillman Veteran's Center](#), make sure you connect with a specialist to see how a withdrawal could impact you.
 7. For reference, ASU has the [Grade Repeat Policy](#) that allows you to repeat any ASU course in which you have a "D" or "E" grade up to 12 hours for grade replacement.

8. If you require appropriate accommodations and support in future semesters, we strongly recommend getting in contact with our [Student Accessibility and Inclusive Learning Services](#) (SAILS) office.
9. If you are interested in learning more about counseling and mental health services, we strongly recommend connecting with our [ASU Counseling Services](#) office.
10. For additional support in times of crisis or extreme struggle, please know that ASU is always here to support you! If you need help getting connected with supportive ASU resources, contacting your instructors, submitting an absence form, and more, please contact our [Student Advocacy and Assistance](#) office anytime!

Undergraduate Programs

PO Box 873406, Tempe, AZ 85287-3406

p: 480-965-4227 **f:** 480-965-8883 **email:** wpcareyug@asu.edu **web:** www.wpcarey.asu.edu