



REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL
ARIZONA STATE UNIVERSITY
UNIVERSITY REGISTRAR'S OFFICE

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 ID NUMBER	PHONE NUMBER: ()
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PERMANENT ADDRESS (NUMBER, STREET, APT.)	CITY, STATE, ZIP
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Financial Aid recipients who completely withdraw from the university may be responsible for repayment of funds. Contact Student Financial Assistance for details.

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 Student Office in the Student Services building, room 265. For more information visit the ISO website at www.asu.edu/studentlife/iso, or call (480) 965-7451.

INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE:	Date:
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SEMESTER (Check One): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 1 st Summer <input type="checkbox"/> 8 Week Summer <input type="checkbox"/> 2 nd Summer <input type="checkbox"/> Winter	YEAR:
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TYPE OF WITHDRAWAL (Check One) <input type="checkbox"/> Course Withdrawal (Withdrawal from classes listed below). <input type="checkbox"/> Complete Withdrawal (Withdrawal from all classes. List all classes below).	COLLEGE/ACADEMIC UNIT:
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Schedule Line Number:	Semester Hours:	Course Prefix & Number:	Last Day Attended:

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.

Student Signature (I acknowledge that I understand the above statement):	Relationship (If not student):	Date:
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Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator:	APPROVAL (Check One): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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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
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Remove from future classes for indicated term(s): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> 1 st Summer <input type="checkbox"/> 8 Week Summer <input type="checkbox"/> 2 nd Summer	Year:
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Approved Effective Date:	Comments:
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Authorized Signator of College/Academic Unit Printed Name:	Authorized Signature of College/Academic Unit:	Date:
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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, Records Information Section Copy: Tuition Payment Office, Student Financial Assistance, Student	College/Academic Unit:	Mail Code:
	Department:	Phone:

For Registrar Office Use Only				
1 st Received Stamp	2 nd Received Stamp	3 rd Received Stamp	Processed Stamp	Notes

				Official Withdrawal Date:
				Notation (If Needed):