



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...
[ ] Compassionate Withdrawal: This form must be accompanied by credible documentation appropriate to your situation...
NAME (Last, First, MI.) ASU I.D. NUMBER PHONE NUMBER:
Street Address: City: State: Zip Code:
Are you receiving or did you receive Financial Aid or a scholarship? [ ] Yes\* [ ] No
Are you an International Student with an F1 or J1 visa? [ ] Yes\* [ ] No
Are you receiving or did you receive VA Benefits? [ ] Yes\* [ ] No
SEMESTER (Check One): [ ] Spring [ ] Summer [ ] Fall YEAR:
TYPE OF WITHDRAWAL (Check One) [ ] Course Withdrawal [ ] Complete Withdrawal COLLEGE/ACADEMIC UNIT:
Table with columns: Course Prefix & Number, Class Number, Session, Units, Approved Effective Date.
I request medical/compassionate withdrawal as indicated above and supported by the attached documentation...
Student Signature Relationship Date:
Medical/Compassionate Withdrawal College/Academic Unit Authorized Signator: APPROVAL (Check One):
Change probation status to (Check One): [ ] P [ ] C [ ] Good Standing [ ] No Change Should the Student be put on administrative hold?
[ ] 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: Department: Mail Code: Phone: