

**Arizona State University—Main Campus  
College of Public Programs**

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**MEDICAL / COMPASSIONATE WITHDRAWAL GENERAL INFORMATION**

**PLEASE READ CAREFULLY**

For information about the university policies regarding medical/compassionate withdrawals, please see <http://www.asu.edu/registrar/forms/info/medinst.html>.

A **medical withdrawal** may be requested when extraordinary circumstances, such as a serious illness or injury, prevent the student from continuing in 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/feasible.

All requests require thorough and credible documentation. Usually, consideration is for a complete withdrawal; application for less than a complete withdrawal must be especially well 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 available online at [http://www.asu.edu/forms/forms\\_index.htm](http://www.asu.edu/forms/forms_index.htm) or in the Dean's Office, Wilson 235.
- Appropriate documentation as indicated on cover sheet.

*Incomplete requests will be returned to the student.*

**Submission of the packet**

This completed packet should be submitted in person to Wilson 235 or by mail.

**Mailing Address:** Cheryl Herrera  
Director of Student Services  
College of Public Programs  
PO Box 870803  
Arizona State University Main Campus  
Tempe, AZ 85287-0803

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**MEDICAL/COMPASSIONATE WITHDRAWAL COVER SHEET**

*Please submit this completed cover sheet with the required documentation. Incomplete requests will be returned to you.*

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 this for you. The medical designee reviewing the request may seek additional information.

*Form completed and signed*

**2. Documentation**

***Medical Withdrawal***

A letter, on letterhead, signed by 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 attached**  
                           **Letter being sent under separate cover to address on previous page**

OR

***Compassionate Withdrawal***

A statement of explanation from you outlining the reasons for your request.

Documentation to support your request. Please list (e.g. death certificate, obituary, letter from health care provider indicating that you needed to be part of relative's care).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date