

REQUEST FOR DOCUMENTED MEDICAL/COMPASSIONATE WITHDRAWAL ARIZONA STATE UNIVERSITY UNIVERSITY REGISTRAR SERVICES

Received Date

Medical or Compassionate Wi	thdrawal (Chask O	20):					
Medical Withdrawal: This health care provider, documenting the nature of your medical condition, why your anticipated return to school, and letter must be typed on your health ca	s form must be accomp date of onset of illnes //how it prevented con the last date you were	panied by an original less, dates of medical car npletion of your course able to attend class. T	e, general work, date of	Compassion accompanied by creative situation. Contact y documentation will	edible docum our college	nentation appropriate appropriate designee to determine the designee to determine the determined appropriate appropriote approprinte appro	priate to your ermine what
NAME (Last, First, MI.)			ASU I.D. NUMBER		PHONE NUMBER:		
Street Address:		City: State: Zip Code:					
Are you receiving or did you *I understand that I must contact completely withdraw from the u	Financial Aid for ac	lvisement on how m	y Financial A	id will be affected. F	inancial A	id recipients	who
Are you an International Stu *Serious immigration consequence or J1 visa whose drop or withdraw Center in Student Services Bldg.,	es may result from val will result in les	withdrawing or drop s than full-time enro	llment must o	btain advising from	the Interna	tional Student	ents with an F1 s and Scholars
INTERNATIONAL STUDENT OFFICE ADVISING SIGNATURE:				Date:			
Are you receiving or did you *I understand that I must contact withdraw from one or more cours	Pat Tillman Veterar	ns Center for adviser	nent on how 1	ny VA Benefits will	be affected	l. VA benefit	recipients who
PAT TILLMAN VETERAN CENTER SIGNATURE:				Date:			
SEMESTER (Check One):	Summer		Fall		YEAR:	YEAR:	
YPE OF /ITHDRAWAL (Check ne) Course Withdrawal (Withdrawal from classes listed below). COLLEGE/ACADEMIC UN							EMIC UNIT:
Course Prefix & Number: (ex. ENG 101	Class Number: (ex., 12345)	Session: (ex., A, B, or C	C) (e)	Units: , 1, 3, 4)		roved Effective College Use Or	
I request medical/compassionate any of the documentation/informa may result in disciplinary action u cannot be reversed. Financial Aid Student Signature (I acknowledge	ation providers. I cc up to and including s at recipients who cc that I understand the	onfirm that informati suspension or expuls ompletely withdraw above statement):	on provided i ion from the p from the un	s accurate and comp university. An appro iversity may be res Relationship (If nor	lete, and I u ved medica ponsible fo t student):	understand that l/compassion r repayment Date:	at falsification ate withdrawal
Medical/Compassionate Wit Change probation status to (Check	· · · · ·					Disapproved	? 🗌 Yes 🗌 No
Remove from future classes for in \tilde{c}		Spring Sum	-] Fall	<u>•</u> "		Year:
Comments: Authorized Signator of Colleg	e/Academic Unit	Printed Name: A	uthorized Si	gnature of College	Academi	c Unit:	Date:
DISTRIBUTION: All documentation submitted with this form is rel If request is disapproved: All copies and docume If request is approved: Original: Retained for five years by Design Copy: University Registrar Services, Recon Copy: Student Accounts, Financial Aid and	entation are retained by Colleg thee with originals of medical rds & Enrollment Services	ge/Academic Unit for five year documentation	rs.	urtment College/Academic Unit	: Departmen	t: Mail Code:	Phone: