

MEDICAL / COMPASSIONATE WITHDRAWAL - GENERAL INFORMATION

For information about the university policies regarding medical/compassionate withdrawals, please see <http://students.asu.edu/forms/medical-compassionate-withdrawal-request>.

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 student is instrumental in the care of a seriously ill child or spouse or the death of an immediate family member) 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 enrollment 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 Medical/Compassionate Withdrawal Cover Sheet, including your signature.
- Completed Medical/Compassionate Withdrawal Request Form available online at <http://www.asu.edu/registrar/forms/regforms.html> or at the Cronkite School.
- Appropriate documentation as indicated on the Medical/Compassionate Withdrawal Cover Sheet.

Incomplete requests will be returned to the student.

Submission of the packet

This completed packet should be submitted in person to the Cronkite School main office (3rd Floor Leadership Suite, ASU Cronkite School) or by mail to:

Mary Cook
Director of Enrollment Management and Student Success
Walter Cronkite School of Journalism and Mass Communication
555 N. Central Ave.
Phoenix, AZ 85004

ARIZONA STATE UNIVERSITY
WALTER CRONKITE SCHOOL OF JOURNALISM AND MASS COMMUNICATION

MEDICAL / COMPASSIONATE WITHDRAWAL - COVER SHEET

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

Name _____ ASU 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 for either Medical Withdrawal or Compassionate Withdrawal

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 or hospitalization
- 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

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