

## Request for an Administrative Withdrawal

Students and former students who could not complete coursework due to unusual circumstances may request an administrative withdrawal from a course(s) up to two years after the College's official withdrawal date. Withdrawal dates are published online and in the Credit Class Schedule each term. Submission of an appeal with or without documentation does not guarantee automatic approval of the appeal.

There are three parts to the application process. All parts must be completed before this request will be reviewed including:

1. Completing this form;
2. Attaching a typed letter explaining circumstances, written by the student; and
3. Providing supporting documentation. Relevant documentation may include:
  - A doctor's statement written on physician's letterhead (not a prescription pad) with specific dates the student could not attend classes and type of illness;
  - Employer's statement on letterhead with specific dates of changes in employment;
  - Instructor and/or counselor's written statement with specific dates, reasons, and additional information to document extenuating circumstances;
  - Police reports and/or other legal documents listing specific dates of incidents; or
  - Any other documentation that would indicate proof of mitigating circumstances.

The Enrollment Center Administrative Appeals Committee will review your request and generally will respond within three weeks. Students who received financial assistance in the term associated with this request may be required to repay financial aid funds. Any financial aid bookstore vouchers must be repaid and cannot be waived.

### SECTION A: Student Information *(Please print legibly.)*

Name \_\_\_\_\_ Student ID No. **B** \_\_\_\_\_  
LAST FIRST M.I.

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY STATE/ZIP CODE

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail \_\_\_\_\_

### SECTION B: Request

I am seeking to withdraw from the following term and year:

Term:  Fall (August-December)  Spring (January-May)  Summer (May-August) Year:  2012  2011  2010 Other: \_\_\_\_\_

Course Name(s):

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

(If more than seven courses please attach a separate sheet of paper.)

I am requesting to withdraw for the following reason:

Medical  Other: \_\_\_\_\_  
*please state reason*

*Note: Generally, a medical withdrawal is a request for all courses in the term.*

Last date of attendance for the term listed above: \_\_\_\_\_  
MONTH DAY YEAR

*continue on back*

**SECTION C: Explanation and Rationale**

List your reasons for the appeal on a separate sheet of paper. **Please type.** Be as specific as possible. Include information such as dates and times. List the name(s) of anyone who advised you to withdraw.

**SECTION D: Documentation and Certification**

Attach documentation to this request. If the Appeals Committee cannot verify the circumstances of the appeal, the appeal will be rejected.

I hereby certify that the information provided is accurate and true. I, the student, have completed this document and included any needed written explanation. I understand the decision of the committee is final and if approved, future requests are less likely to be approved.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write in this space

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**OFFICE USE ONLY**

Confirm all information submitted: Outside Documentation \_\_\_\_\_ Typed Explanation \_\_\_\_\_ Office Form \_\_\_\_\_