

Administrative Withdrawal Appeal Request

Students and former students who could not complete coursework due to unusual circumstances may appeal for 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 does not guarantee automatic approval. Approvals are generally granted only once. Repeated requests are not likely to be granted.

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 how circumstances impacted ability to complete coursework, 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) listing medical diagnosis, plan and dates of treatment for the term indicated, and dates the student could not attend classes;
 - 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 and accommodations made;
 - 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 appeal 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 _____ Oakton ID No. **B** _____
LAST FIRST M.I.

Address _____ Phone _____
STREET CITY STATE/ZIP CODE

Birth Date ____/____/____ Email _____

SECTION B: Semester Information

I am seeking to withdraw from the following term and year. *(Choose only one term and year.)*

Term: Fall (August-December) Spring (January-May) Summer (May-August) Year: 2019 2018 2017

Course Name(s):

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

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

I would like 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

Summarize your reasons for the appeal on a separate sheet of paper, including dates, times, and details of how the situation impacted the college semester and course(s) indicated. List the steps taken to communicate with your instructor about the situation, any accommodation the instructor provided, and efforts taken to complete coursework. If the reason for the withdrawal appeal is medical, indicate the doctor's diagnosis, duration of hospital stay, health care appointments, and doctor's recommendation. **Please type.**

SECTION D: Documentation and Certification

Attach documentation verifying the information provided in your appeal letter. 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 form and included any needed written explanation and documentation. I understand the decision of the Appeals Committee is final and if approved, future requests are less likely to be approved.

Student Signature _____ Date _____

Do not write in this space

OFFICE USE ONLY

Confirm all information submitted: Outside Documentation _____ Typed Explanation _____ Office Form _____