

PETITION FOR EXCEPTION TO POLICY CHECKLIST

Student Name: _____
Student Identification _____
Number: _____
Quarter Petitioning: _____
Date: _____

**Please submit the following documents to reach a determination regarding your
Petition for Exception to Policy**

REQUIRED DOCUMENTATION:

Completed Petition for Exception to Policy

SUPPORTING DOCUMENTATION:

- Health Provider documentation
- Death certificate, obituary notice or news clipping naming student as relative of the deceased
- Military orders showing effective date of deployment
- Written statement (on official letterhead) or email from the SSC instructor or department explaining how the institution was in error

PLEASE NOTE:

- **It is the student's responsibility to be familiar with college policies.**
- **Petitions are reviewed and processed weekly by the Registration Petition Committee after all information and required documentation has been received.**
- **The student will be notified by email of the Committee's decision unless additional information or clarification is required. The committee generally meets weekly.**

Petitions must be filed by the last day of the quarter *following the quarter* in which the charge was assessed.

PETITION FOR EXCEPTION TO POLICY

Pursuant to **RCW 28B.15.605***, “the governing boards of community colleges and technical colleges may extend the refund or cancellation period for students who withdraw for medical reasons and shall adopt policies that comply with RCW [28B.10.270](#) for students who are called into the military service of the United States.” Petitions for Exception to Policy will be considered on a case-by-case basis. Petitions are reviewed and processed weekly by the Registration Petition Committee after all information and required documentation has been received. The petition, with complete documentation, must be submitted by the last day of the quarter following the quarter in which the charge is assessed. It is the student’s responsibility to be familiar with college policies.

Approved Circumstances:

Reason	Qualifications	Required Documentation
A. Medical Disability	Illness of such severity or duration that completion of the quarter is not possible	Health Provider documentation
B. Death	Death of the student or member of the immediate family (parent, spouse/domestic partner, child, sibling)	Death certificate, obituary notice or news clipping naming student as relative of the deceased
C. Call to active US military duty	Call to active military duty after the 7 th day of the quarter	Military orders showing effective date of deployment
D. New Student	Only the first quarter of attendance at South	A completed Petition for Exception to Policy
E. Institutional Error	Student incorrectly advised by South Seattle College representative	A written statement (on official letterhead) or email from the South Seattle College instructor or department explaining how the institution was in error

NOTE: The student will be notified by email of the Committee’s decision within 48 business hours, unless additional information or clarification is required.

*RCW 28B.15.605

Refunds or cancellation of fees — Community colleges and technical colleges.

(1) The governing boards of the community colleges and technical colleges shall refund or cancel up to one hundred percent but no less than eighty percent of the tuition and services and activities fees if the student withdraws from a college course or program before the sixth day of instruction of the regular quarter for which the fees have been paid or are due. If the student withdraws on or after the sixth day of instruction, the governing boards shall refund or cancel up to fifty percent but no less than forty percent of the fees provided such withdrawal occurs within the first twenty calendar days following the beginning of instruction. However, if a different policy is required by federal law in order for the college to maintain eligibility for federal funding of programs, the governing board may adopt a refund policy that meets the minimum requirements of the federal law and the policy may treat all students attending the institution in the same manner.

(2) The governing boards of the respective community college or technical college shall adopt rules consistent with subsection (1) of this section for the refund of tuition and fees for the summer quarter and for courses or programs that begin after the start of the regular quarter.

(3) The governing boards of community colleges and technical colleges may extend the refund or cancellation period for students who withdraw for medical reasons and shall adopt policies that comply with RCW [28B.10.270](#) for students who are called into the military service of the United States. [2004 c 161 § 3; 1995 c 36 § 2.]

Health Care Provider Verification Form Petition to Exception of Policy

<p>INSTRUCTIONS TO THE HEALTHCARE PROVIDER:</p> <p>In order to consider a Petition for Exception to Policy, South Seattle College requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the College during this quarter.</p> <p>Please provide the following information along with a business card or a sheet of letterhead paper after the student/patient has completed the release consent at the bottom of this form.</p> <p>RETURN THIS FORM TO: South Seattle College Office of the Registrar 4RSB043 6000 16th Avenue SW Seattle, WA 98106-1499</p>	Name of Student/Patient: _____	
	Patient's Student Identification Number: _____	
	Description of Student/Patient's condition and how it prevents the student from attending the College this quarter. (Attach additional sheets as necessary.)	
	Date of first visit: _____	When did you last examine the student? _____
<p>I certify that, in my professional opinion, _____ is currently unable to attend South Seattle College during _____ (quarter) of _____ (year) due to the medical conditions described above.</p> <p>Health Care Provider Signature: _____</p> <p>Health Care Provider's name, printed: _____</p>		
<p>CONSENT TO RELEASE MEDICAL INFORMATION</p> <p>I, _____, give my permission for my Health Care Provider to release information to South Seattle College concerning my physical condition as it relates to my request for a Petition for Exception to Policy.</p> <p>_____ Signature of Student</p> <p>_____ Signature of parent/guardian (if student is under the age of 18)</p> <p>_____ Date</p> <p>_____ Date</p>		