

WITHDRAWAL DEADLINE EXCEPTION REQUEST FORM

The form is used for students who are requesting an exception to the refund deadline due to unforeseen medical/death or military circumstances or a late course withdrawal without refund.

DIRECTIONS

Complete this form to request a withdrawal deadline exception. Submit the completed form with your student statement and additional information based on one of the categories (medical/death, military, other) below via email at petitions.south@seattlecolleges.edu or in-person in the Student Services Lobby – Robert Smith Building. Once all documents are received, you will be notified of your appeal's decision within 2-4 weeks.

The form with completed documentation must be submitted by the last day of the quarter immediately following the quarter for which you are submitting the request. Requests after the end of the following quarter are not accepted. For example, if you are requesting an exception for courses in the Fall quarter, you must submit a request by the last day of the following Winter quarter.

NOTE: An approved exception may affect your financial aid. Please discuss with a Financial Aid staff member what this may mean for you before you submit this form.

STUDENT INFORMATION

Student Name: _____

ctcLink ID Number: _____ Date of Birth: _____ Phone: _____

Email: _____

COURSE & QUARTER INFORMATION

Quarter you are requesting withdrawal from: Summer Fall Winter Spring Year: _____

Course(s) Name (ex. ENGL&101): _____

STUDENT STATEMENT

Provide a statement of why you, the student, are requesting the exception. The written statement must include a detailed description of your exception request, the outcome you are asking for, and your signature and date.

MEDICAL/DEATH EXCEPTION

Health: Provide a letter on business letterhead from your healthcare provider. Do not submit medical records or after-visit summaries. The letter from your healthcare provider must contain the following information: your name, statement by the medical professional indicating that you were unable to attend classes and the dates that attendance was not possible, and the signature of your medical professional.

Death: Death of the student or member of the immediate family (parent, spouse/domestic partner, child, sibling). Provide a death certificate, obituary notice, or news clipping naming you as a relative of the deceased.

MILITARY EXCEPTION

Provide a copy of PCS or TDY military orders. Military orders should show the effective date of deployment.

OTHER EXCEPTIONS

Provide a statement explaining why you were unable to drop yourself from classes by the withdrawal deadline. If you have documentation that supports your explanation include that as well. This option does not result in a refund but may be approved for a late withdrawal only.

I understand that by turning in my Withdrawal Deadline Exception Request Form, I am approving the college to officially withdraw me from class(es) if this request is approved.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Comments/Actions: _____

Approved: Yes No Staff Signature: _____ Date: _____

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