



## REQUEST FOR EXTENUATING CIRCUMSTANCES WITHDRAWAL

Name: \_\_\_\_\_ Student ID \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Program \_\_\_\_\_

**Last date of attendance (must be included to be processed)** \_\_\_\_\_  
Month Day Year

**Reason for Request:** An extenuating circumstance withdrawal may be granted for students who were unable to complete a course due to the challenges related to the COVID-19 Pandemic.

☐

I am receiving veterans benefits for the term the withdrawal is requested.

☐

Were you placed on Military Orders?

Year: \_\_\_\_\_ \_\_ Fall \_\_ Spring \_\_ Summer

Drop all classes ☐

Drop only classes listed ☐

Class number(s) \_\_\_\_\_

Please briefly describe your extenuating circumstances:

---

---

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

Date \_\_\_\_\_

**For office use only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

- Withdrawal reason of EXTC
- Notify Bursar/Financial Aid
- Letter to student/Image