

**REQUEST FOR EXTENUATING CIRCUMSTANCES WITHDRAWAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Student ID Number: |  |
| Address: |  | Phone Number: |  |
| Program: |  |  |  |

**Last date of attendance (must be included to be processed)** Click or tap to enter a date.

**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: Choose an item. [ ]  Fall [ ]  Spring [ ]  Summer

[ ]  Drop all classes

[ ]  Drop only classes listed

Class number(s): Click or tap here to enter text.

Please briefly describe your extenuating circumstances:

Click or tap here to enter text.

**For office use only**

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

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

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

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

*(Type signature if unable to sign any other way.)*