

# Withdrawal Exception Request Student Checklist

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Student Name: \_\_\_\_\_ S#: S Phone # \_\_\_\_\_

**Withdrawal Exception Request: Please ✓ the appropriate circumstance pertinent to your situation along with required documentation below.**

**Withdrawal "W" only** (Accepted after the last published date to withdraw with a "W" grade)

\_\_\_ **Caregiver:** (unexpected caregiver responsibilities)

- a. Medical form signed by a licensed physician
- b. Legal documentation (i.e. power of attorney)
- c. FMLA leave documentation
- d. Proof of impact on daily life and activities

\_\_\_ **Extreme Medical Conditions:** (i.e. documented hospitalizations, inability to return to work, FMLA leave)

- a. Completed medical form signed by an external, licensed physician

\_\_\_ **Work Changes:** (documented work shift changes that conflict with class schedule and are beyond the student's control)

- a. Letter on company letterhead from your supervisor

\_\_\_ **Incarceration:**

- a. Date of incarceration
- b. Court documentation
- c. Release information

\_\_\_ **Death of Immediate Family member:** (spouse, child, parent, siblings, legal guardian, grandparent or legal court advocate)

- a. Obituary or Death Certificate
- b. Documentation proving relationship

\_\_\_ **Victim of a Crime or Catastrophic Event:**

- a. Police report with dates and times
- b. Explanation of how this made student miss the withdrawal deadline
- c. Explanation of impact on coursework and reasons for inability to complete class(es)

\_\_\_ **Homeless:**

- a. A letter on letterhead from a homeless shelter, social worker, clergy member with church affiliation, or other professional support org.

## **Non-Acceptable Reasons for a Withdrawal Exception Petition**

1. Loss of transportation, unless due to a motor vehicle accident
2. Selective course petitions, unless there is a specific reason for a specific course (PE, typing, etc.)
3. Incomplete documentation

4. Past submission deadline – decision of the committee is final and cannot be appealed
5. Submission deadline is defined as **30 days** after the academic semester for which you are petitioning (Subject to change each academic year).
6. Submissions must be date stamped by EC Rep, either in-person or, if received via email, by email date

**Required Withdrawal Exception Forms You must submit the following forms:**

Checklist  Financial Aid Advising Form

Petition and Medical Documentation  Instructor Verification Form

**Written statement** (1 page max) of the extenuating circumstances for exception to the posted withdrawal dates and **what resolution is being requested.**

**Student Confirmation - Initial all line items below and then sign.**

My extenuating circumstances prevented me from following the College's Withdrawal policy:

[http://www.tri-c.edu/catalog/Documents/2013-14-35\\_AcademicInformation.pdf](http://www.tri-c.edu/catalog/Documents/2013-14-35_AcademicInformation.pdf)

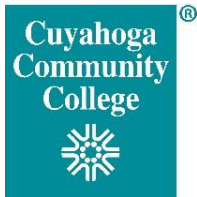
- I understand that submission of a Withdrawal Exception Petition does not guarantee approval.
- I understand that I may be required to submit additional documentation if my current documentation does not substantiate my request. I will be given 30 days from the review date to provide any additional documentation before the petition will be automatically denied by the committee.
- I understand that if I received federal financial aid, I must meet with a financial aid advisor prior to submitting my Withdrawal Exception Petition.
- I understand that incomplete petitions will be automatically denied and will not be reviewed by the Withdrawal Exception Committee.
- I understand if the petition is approved and I am withdrawn from all my courses listed on the petition, my financial aid, graduation date and/or registration may be affected.
- I understand that if the petition is approved and grades have been awarded, each instructor has the final decision to approve or deny the change of grade.
- I understand if the withdrawal petition is denied by the withdrawal committee, I remain responsible for my courses and will receive the grade my instructors submit at the end of the term along with any financial repercussion this may cause.
- I understand that conditions approved under past withdrawal petitions may not be approved again.** I understand that the Withdrawal Exception Committee meets monthly to review petitions. I will receive written notification of the committee's decision.
- I understand all decisions made by the Withdrawal Exception Committee are final—and are not subject to an appeal.

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

***Date Stamp and EC  
Representative Initials***



## Withdrawal Exception Request Petition and Medical Documentation Form

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Student ID Number: S \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_ Cell Phone : ( ) \_\_\_\_\_

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Dear \_\_\_\_\_ (Licensed Physician):

Because of my illness/injury I am petitioning Cuyahoga Community College to withdraw from the classes that I had attended or have been attending during \_\_\_\_\_ Term

The college requires a Licensed Physician documentation of my illness/injury. I give you permission to complete this form. Please complete and return to me at the above address. Thank you in advance for your time and effort in this matter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### To be completed by Licensed Physician

Diagnosis \_\_\_\_\_

List **Specific Dates** that you saw this student for the illness during the time period specified above:  
**mm/dd/yr** \_\_\_\_\_

List **Specific Dates** of Hospitalization (If Applicable): **mm/dd/yr** \_\_\_\_\_

The Illness/Injury prevented this student from attending class(es):

From: **mm/dd/yr** \_\_\_\_\_ To: **mm/dd/yr** \_\_\_\_\_

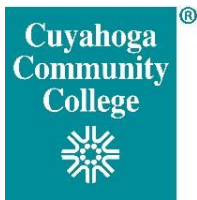
Additional  
Comments: \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_



## Withdrawal Exception Request Financial Aid Advising Impact Information Sheet

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Students withdrawing from all courses for the term, whether through the Withdrawal Exception Process or on their own should be aware of how this may affect not only current financial aid standing, but also future financial aid eligibility. Below is a list of items students should consider.

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**Return to Title IV** – Federal Financial Aid funds are considered Title IV funding. When a student completely withdraws from a term, either self-initiated or via the Withdrawal Exception process, the school is required to complete a calculation to determine the amount of earned and unearned financial aid. Any unearned financial aid must be returned to the U.S. Dept. of Education on behalf of the student. This calculation is completed within 30 days of a student completely withdrawing or the institution becoming aware of the student's withdrawal.

**Overpayment** – Students are awarded financial aid based on financial need and enrollment status. If a student changes enrollment status, it is possible for the student to have received too much financial aid, causing an overpayment. Aside from funds owed to the college an overpayment of financial aid is due back to the U.S. Dept. of Education by the student. An overpayment may result in a student not being able to receive Federal Financial Aid funds at any institution until this balance is paid, or successful payment arrangements have been reached.

**Transferring/Using Remaining Funds** – Any funds applied to a student account will decrease a student's financial aid eligibility at another institution during the same award year. This may result in a student having less financial aid eligibility at their new school due to what was awarded/paid at the previous institution.

**Standards of Satisfactory Academic Progress (SAP)** – Federal Financial Aid Regulations state that a student must be completing 2/3<sup>rd</sup> (67%) of their enrollment, and maintain a GPA eligible to graduate (2.0 or higher at Cuyahoga Community College). Students failing to meet these standards are subject to losing financial aid eligibility for a term or longer and may need to appeal to try to regain their financial aid eligibility. A student's SAP status is non-transferrable, meaning that a student's status at Cuyahoga Community College does not affect their eligibility at another institution.

**Subsidized Loan 150% Rule** – Federal Financial Aid Regulations regarding loans state that a student will lose their eligibility to receive a Federal Direct Subsidized Loan once they have exceeded 150% of their program's published length of time. Students enrolled in a published two year program are allotted three years to complete before they are no longer eligible to receive a subsidized loan. This is applied to new borrowers as of 7/1/2013 (A new borrower is considered anyone that had a zero outstanding federal loan balance as of 7/1/2013, or at the time of the loan).

**Pell Grant Lifetime Limit** – Federal Financial Aid Regulations have been put in place regarding Pell Grant. Once a student has received the equivalent of 600% they are no longer eligible to receive the Pell Grant. This is based on the number of semesters enrolled and enrollment status during which Pell Grant was disbursed. For example, if a student attends full time status during fall semester, and used Pell, they would have used 50%. During the spring semester, the student attends full time again, and uses Pell. The student's Pell usage for the year would be 100%, and the student would then have 500% remaining.

**Direct Loan Aggregate Limits** – In addition to the annual loan limits for students, Federal Financial Aid Regulations stipulate that a student may receive a total of \$57,500 (dependent students are limited to \$31,000. Up to \$23,000 can be subsidized, depending on eligibility. Independent borrowers may utilize the full \$57,500) total during their undergraduate degree. If a student reaches this level prior to completing their degree program, and wish to continue borrowing, payments may have to be made toward the loan aggregate amount, before the student is eligible to borrow again.



# Withdrawal Exception Request Financial Aid Advising Form

Petition for: \_\_\_\_\_ (term) \_\_\_\_\_ (year) Tri-C ID: S

Student Name: \_\_\_\_\_  
(PLEASE PRINT) LAST First MI

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Students who receive financial aid for the term for which they are requesting a withdrawal exception should be aware that submission of this petition may require an adjustment to financial assistance and may create a balance due to Cuyahoga Community College and/or to the U.S. Department of Education, regardless of the committee's decision. Students having never attended their course(s) are subject to having financial aid adjusted based on actual enrollment for the term, which may cause a balance.

Withdrawing may impact your financial aid in two ways:

1. If you withdraw from classes during the semester, money may be returned on your behalf to the U.S. Dept. of Education. Federal financial aid regulations require that unearned financial aid funds must be returned to the U.S. Dept. of Education. Students may not appeal the return as it is based on federal financial aid regulations.
2. Withdrawing may put you at risk for not meeting the Standards of Satisfactory Academic Progress.

**Financial Impact:** **Last Date of Attendance:** \_\_\_\_\_ **Never attended**

Financial Aid received for the term:

Grants \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_

*\*\*Estimated amount that will be owed by the student (NOTE: This amount is only an estimate based on information you provide the Financial Aid Advisor at the time of appointment. The actual amount may be higher or lower, depending on the documented last date of attendance provided by your instructors or other departmental representative.)*

Grants \$ \_\_\_\_\_ Loans \$ \_\_\_\_\_ (owed to Cuyahoga Community College)

Overpayment Amount \$ \_\_\_\_\_ (Owed to U.S. Dept. of Education - (800)621-3115)

**Student Statement:**

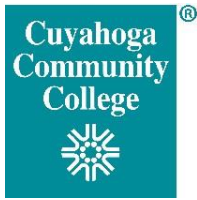
I have met with my financial aid advisor on \_\_\_\_\_ and understand the impact this withdrawal may have on my current and future financial aid and Standards of Satisfactory Academic Progress. I understand that, as a result of this process, I may owe money back to Cuyahoga Community College and/or to the U.S. Department of Education. Any balance remaining 60 days after the end of the term are subject to be sent to the Ohio Attorney General's Office for Collection.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Financial Aid Advisor Signature**

\_\_\_\_\_  
**Date**



## Withdrawal Exception Request Instructor Verification Form

Petition for \_\_\_\_\_ (term) \_\_\_\_\_ (year) Tri-C ID: S \_\_\_\_\_

Student Name: \_\_\_\_\_  
(PLEASE PRINT)                      LAST    FIRST    MI

Home Phone: (\_\_\_\_\_) \_\_\_\_\_                      Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

***This form must be completed by each faculty member from whose course a student seeks to withdraw.***

**To: Faculty**

The above-named student has applied for the Withdrawal Exception Petition. The student has been instructed to contact you, the professor. *Please note that your support of this withdrawal does not guarantee that the student's request will be granted.* Decisions about approving withdrawals are made by the college, not the individual faculty members. Information from the student's instructors about attendance and academic performance at various points throughout the semester is crucial for the college in considering the student's petition, but faculty are not asked to make a recommendation about whether the petition should be approved or not. The reasons for requesting a withdrawal can often be very personal or sensitive. The student does not have to discuss with the faculty member the reasons for the request for a withdrawal since the faculty member is only being asked to report to the college about the student's academic performance and last date of attendance in the class that semester.

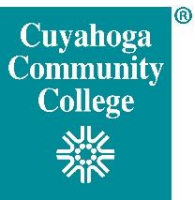
By signing your petition form, your instructor of record indicates that you have informed him/her that you are petitioning for a late withdrawal.

List all classes for which you are requesting withdrawal      (ALL Sections must be completed):

	<u>Subject Area</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Credit Hours</u>	<u>*Last Attended Date</u> <u>*Required</u>	<u>*Instructor Signature</u> <u>*Required</u>
EX.	ENG	1010	80221	3	09-15-06	Walker
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Instructor comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Withdrawal Exception Request Petition Form

Petition for: \_\_\_\_\_ (term) \_\_\_\_\_ (year) Tri-C ID: S

Student Name: \_\_\_\_\_  
(PLEASE PRINT) LAST First MI

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please submit the completed form to the Campus Enrollment Center. Your request for an exception to the withdrawal deadlines will not be reviewed without proper documentation. College guidelines state that a student must submit a Withdrawal Exception no more than 30 days after the academic semester.

**List all classes for which you are requesting withdrawal (ALL Sections must be completed):**

	<u>Subject Area</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Credit Hours</u>	<u>Last Attended Date</u>	<u>Instructor</u>
EX.	ENG	1010	80221	3	09-15-06	Walker
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

Military Call-up: \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Orders: \_\_\_\_\_ (please provide copy)

**Statement of Acknowledgement**

I hereby certify that the information provided is correct and true to the best of my knowledge. I understand that submitting fraudulent information or failure to follow specified instructions may interfere with my request.

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

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Campus Representative \_\_\_\_\_ Date \_\_\_\_\_ Approved

Medical Representative \_\_\_\_\_ Date \_\_\_\_\_ Disapproved

Comments: \_\_\_\_\_