RETROACTIVE WITHDRAWAL FORM

This form should be used when requesting exception to refund or drop/withdraw deadlines.

Choose One:
☐ Request for Retroactive Withdrawal Status
☐ Petition for Reversal of Tuition Charges (RTC)
(Courses must be in withdrawn status.)

Year:

Choose One:
Fall  Winter  Spring  Summer

HACCid: H

I am submitting this request as a result of:
☐ Military duty
☐ Death of an immediate family member
☐ Institutional error
☐ A documented extraordinary event that prevented me from completing the term
☐ Personal illness or hospitalization
☐ Illness or hospitalization of an immediate family member

Instructions:
1. Complete and sign this form.
2. Attach a written explanation of the circumstance leading to the request.
3. Attach any supporting documentation
4. Submit the form to your campus Welcome Center

Last Name

First Name

Phone: - - - -

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By signing this form, I certify that:
• All the information provided, including my attached letter of explanation and supporting documentation is true and correct to the best of my knowledge.
• I understand that the petition review process may take from two to four weeks that decisions are final unless new evidence is provided, at which point I may appeal to have my request re-considered.
• I understand that requesting reversal of tuition charges may negatively impact my financial aid award and could result in an additional debt to the College.
• I have consulted with Financial Aid or Military and Veterans Affairs to review the possible impact on my eligibility for funding.

Student Signature

Date

Committee Decision:
☐ Granted
☐ Denied

Committee Chair Signature

CRN  Subject  Course Number  Instructor’s Signature  Last Date of Attendance  Date

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Committee Chair Signature

Rev. October 6, 2016