

Name _____ Student ID _____

Address _____
(Street, City, State, Zip)

Day Phone _____ Evening Phone _____

Student email: _____

I am submitting this request for: Excused Withdrawal Refund

My request is for classes taken in: Summer Fall Winter Spring Year _____

Students have up to four quarters from the end of a class to submit a request for an Excused Withdrawal or Refund.

I have attached both of the following:

- Personal statement explaining my request.
- Documentation requirements: (Note: Petitions without documentation will be denied.)
 - **Serious medical circumstances:** Submit medical provider’s statement on page 2, a letter from your provider or copy of medical records
 - **Military activation or deployment:** Submit copy of military orders
 - **Serious emergency:** Third party documentation of emergency

Student Signature _____ Date _____

EXCUSED WITHDRAWAL ELIGIBILITY	REFUND ELIGIBILITY
All of the following conditions must be met: <ul style="list-style-type: none"> • The class cannot have been fully completed. “Completed” is typically demonstrated by the completion of a final assessment (exam, paper, etc.), whether successful or not. • Extenuating circumstances must be demonstrated and require documentation. Extenuating circumstances include, but are not limited to, serious medical conditions, serious family emergencies, military deployment, the student’s death, and other severe/catastrophic circumstances. • An Excused Withdrawal is approved for all enrolled classes for the requested quarter, except in unique circumstances when the extenuating circumstance(s) directly impacted the ability to complete a specific class. An example is a broken leg when a student is enrolled in a dance performance course. Considerations for different modalities (in class, online, etc.) may also be considered. 	<ul style="list-style-type: none"> • Refund petitions may only be approved for students who withdraw for medical emergency or military requirements in accordance with Washington State legislation (RCW 28B.15.605) and Pierce College policy. • Not attending class does not entitle a student to a refund.
	HOW TO SUBMIT REQUEST

OFFICIAL USE ONLY

Approved Denied Last date of attendance: _____ WE posted _____

Comments:

Registrar’s Signature: _____ Date: _____

MEDICAL PROVIDER'S STATEMENT

Your patient is a student at Pierce College and is seeking a withdrawal and/or refund based on a medical condition. Please complete this form and return to the student to accompany their petition.

Student name: _____

Did the student have a medical condition that affected the student's ability to attend or to complete classes? Yes No

Last date the student was able to attend class: _____

Date treatment started: _____ Date concluded or ongoing: _____

Briefly state the nature of the condition affecting the student's ability to attend class:

Your role in the treatment of this student:

Medical practitioner Other: _____

Print your name: _____

License Number and State: _____

Phone: _____

Signature: _____ Date: _____