

# Withdrawal Request Form

**Return completed form and documentation to: Registrar's Office, Room C120**

If there are extenuating circumstances that have prevented the student from dropping or withdrawing by the deadline the student must complete the Withdrawal Request Form with a statement of explanation, written and signed by the student, and supporting official third-party documentation within 30 days of the end of the semester being requested. The approval of the request is not a guarantee. Students are notified of the decision via USPS mail.

1. The student has reviewed the College catalog Incomplete Grade, Repeated Courses, and Medical Fresh Start Policies and does not believe he/she would be eligible for these options based the criteria of the policy.
2. If the student is receiving financial aid then he/she must meet with a financial aid counselor or if receiving VA educational benefits meet with the VA Certifying Office before submitting the form as the student may owe money back to the funding source(s).
3. Examples of third-party documentation: letter from faculty member(s) of the course(s) stating student last date of attendance; physician and/or hospital statement verifying the condition described in student's statement, obituary of a member of the student's immediate family such as parent, step-parent, sibling, grandparent, child stating relationship to the deceased and statement of attendance from the funeral home; copy of official orders for military active duty assignment to a different area, state, or county.

### Outside Funding Sources

Did you receive any outside funding sources for the term of this request? \_\_\_ Yes \* \_\_\_ No

**Outside funding sources include, but are not limited to:** Federal Pell Grant, Ohio Instructional Grant, Part Time Instructional Grant, Ohio Academic Scholarship, Ohio National Guard, Ohio War Orphans, Federal Supplemental Educational Opportunity Grant, Federal Stafford Loan (Subsidized/Unsubsidized), Federal PLUS loan, Institutional Scholarships, Veterans Educational Benefits, BVR, WIA, TAA.

\*If the answer is yes, it is required that you speak with a Financial Aid Counselor prior to completing this form as you may owe money back to the funding source(s). If you have Veteran's Educational Benefits you must speak with the Certifying Official in the Registrar's Office. If you receive BVR, WIA, or TAA you must speak with the Business Office.

**For Completion by a NSCC Financial Aid Counselor, Business Office, and/or VA Certifying Official only, and/or BO:**

NSCC Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Term Withdrawal Request is being submitted:**  Summer 20\_\_\_  Fall 20\_\_\_  Spring 20\_\_\_

**What was your last date of attendance?** \_\_\_\_\_

### Course Information: Example: ENG 111-001, Instructor Name, indicate if you were passing or not passing the course

Course Number	Instructor Name	Passing or Not Passing	Course Number	Instructor Name	Passing or Not Passing
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please attach a statement written by you, the student; of the reason(s) you believe you should receive a withdrawal. Supporting, official third-party documentation must be attached. Requests submitted **after** the deadline date will not be considered.

My signature below affirms that I understand based on the information provided, that I will receive written notification of the decision approximately three weeks after the Registrar's Office received the completed request. I also understand that approval of this request is not guaranteed. I also understand that if I received financial aid, program regulations may require that all or part of the refunded monies be returned to the funding source. I may be required to repay all or part of my financial aid awards.

Student Signature \_\_\_\_\_ ID \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Office Use Only

Student statement attached: \_\_\_ Yes \_\_\_ No Third-party document attached: \_\_\_ Yes \_\_\_ No

**Request Approved for:** \_\_\_ 100% \_\_\_ 75% \_\_\_ 50% \_\_\_ Withdrawal "W" grade only  
\_\_\_ Extenuating circumstances prevented student from dropping or withdrawing his/her classes during the published deadline.

**Request Denied** \_\_\_\_\_  
\_\_\_ Extenuating circumstances did not prevent student from dropping or withdrawing by the published deadlines.  
\_\_\_ Other \_\_\_\_\_

Committee Member Signature \_\_\_\_\_

Date \_\_\_\_\_