

PETITION FOR HARDSHIP WITHDRAWAL

Standard Withdrawal: A student may withdraw from a course or courses through the second week of the quarter. If a student has a “late course withdrawal privilege”, s/he may withdraw from the third through the seventh week of the quarter. A student may withdraw from the University at any time before the final two weeks of the quarter. Standard withdrawals are completed in-person through the Registrar’s Office, Old Main 230, 650-3430.

HARDSHIP WITHDRAWAL: Exceptions to the policies stated above will be considered only on the basis of the following hardships:

- A. The student is unable to complete a course because of an unanticipated, incapacitating injury and/or illness requiring extensive recuperation, or a significant personal emergency such as a death in the immediate family, or
- B. The student intended to withdraw on the withdrawal deadline, but was prevented from contacting the University because of a medical emergency or significant personal emergency such as a death in the immediate family (family members you reside with now, or at any time, i.e., father, mother, sibling, child, partner).

PROCEDURES FOR A HARDSHIP WITHDRAWAL

- The petition must be completed by no later than the Friday before finals of the quarter in which the class or classes are taken. **Taking a final exam, excludes a student from being eligible for a hardship withdrawal.**
- Complete the attached petition and submit it along with your personal statement and the medical verification form or other appropriate documentation to the Student Life Office, Viking Union 506. Students with disabilities may submit their petition to disAbility Resources for Students in Old Main 110.

REFUND INFORMATION

- Petition for refunds are considered by Student Financial Services, Old Main 360, 650-2865.
 - **Refund Amount:** is based upon the last date of attendance in relationship to “Important Dates and Deadlines” established for each academic term. Please see published “Important Dates and Deadlines” by the Registrar’s Office on the web at: http://www.wvu.edu/depts/registrar/important_dates_index.shtml .
 - **Partial withdrawals:** Tuition is not refunded if your credit load is between 10-18 credit hours before and after course withdrawal(s).
 - Exceptions to the refund policy are based solely on RCW 28B.15.600. “The governing boards may extend a refund of tuition and fees for students who withdraw for medical reasons.”

Notification of the Decision(s)

The Student Life Office (or disAbility Resources) and Student Financial Services will notify you by separate letters of their decisions. Until you are notified, you are responsible for your financial and all other obligations associated with your class(es).

STUDENT LIFE OFFICE

Viking Union 506, MS 9105

516 HIGH STREET

BELLINGHAM, WA 98225-9105

Office Phone (360) 650-3706/FAX (360) 650-4355/Email: Michael.Schardein@wvu.edu

WITHDRAWAL DUE TO HARDSHIP

STUDENT LIFE OFFICE

Viking Union 506

OFFICE PHONE (360) 650-3706/FAX (360) 650-4355

Name _____ Student ID Number W- _____

Mailing Address _____

City/State _____ Zip _____

Phone Number _____ Email _____

Complete the following questions:

- Were you awarded any type of financial aid for this quarter? YES [] NO []
- What was the last date you attended class(es), including today if you are still attending class(es)? _____
- Have you requested a hardship withdrawal at any other time? YES [] NO [] When _____

I am petitioning for a [] **FULL WITHDRAWAL** (withdrawal from all classes)
[] **PARTIAL WITHDRAWAL** (withdrawing from one or more, but not all of your classes)

Requesting a refund: [] **Tuition**
[] **Other** _____

For the following **QUARTER** _____ **YEAR 20** _____

Note: Refund requests must be received no later than (30) days after the end of the quarter for which the request is made.

NOTE: Complete this section if you are requesting a **partial withdrawal** (do not complete this section for a full withdrawal). List the following information for a partial withdrawal of one or more classes.

Course	CRN	Professor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

You **MUST** attach your personal statement and a completed medical or psychological verification or other appropriate documentation. Then **SCHEDULE** a meeting with the appropriate staff member in the Student Life Office to discuss your petition.

Student's Signature _____ **Date** _____

This space is reserved for official use only						
Petition: GRANTED (date) _____		_____ DENIED (date) _____				
Student Notified (date/method) _____			Registrar's Office Notified (date) _____			
Other Notes _____						
Confirmed LDA ___/___/20___		M.Schardein		D. Brunnermer		Staff Signature R. Collins _____
<input type="checkbox"/> I/I	<input type="checkbox"/> MH	<input type="checkbox"/> D	<input type="checkbox"/> FC	<input type="checkbox"/> CASAS	<input type="checkbox"/> Dis.	<input type="checkbox"/> C
Student Financial Services – For Office Use Only						
Rec'd: _____ Rev'd: _____ R2T4 _____ Adj. _____						

PERSONAL STATEMENT HARDSHIP WITHDRAWAL

The personal statement should further clarify the unanticipated injury or illness or other significant personal emergency such as a death in the immediate family. A hardship withdrawal is not used solely because the student may fail a class or all classes. Please CLARIFY in your personal statement the following:

- Why or how has your “**unanticipated, incapacitating injury and/or illness or significant personal emergency**” kept you from attending classes?
- If you are requesting a class or partial withdrawal and not a full withdrawal, please explain why the unanticipated, incapacitating injury or illness or significant personal emergency has only affected one class, but not the others.
- Provide dates you were unable to attend classes due to the illness, injury, or significant personal emergency.
- Your information is confidential and will only be used in consideration for granting a Hardship Withdrawal and Refund. In addition to the Registrar’s Office, place a check below if you want notice of the withdrawal sent to:
 - University Residences Office (only those living in campus housing)

Name _____ Student Number _____ Date _____

VERIFICATION OF AN INCAPACITATING ILLNESS OR INJURY For Withdrawal Due to Hardship

Instructions for student: Please complete all pages and submit them to your health care provider (i.e., physician, psychiatrist, psychologist or appropriate individual in the WWU Student Health Center or Counseling Center) who is able to document the illness or injury related to your request for a late course or university withdrawal. **The health care provider must complete and sign the form.** It is your responsibility to return this form, with the petition, to the Student Life Office. The form may be faxed from your health care provider to the Student Life Office with the petition.

Student Check [] Initial ____ *I am requesting the health provider to verify and release appropriate information to the Student Life Office for the purpose of requesting a Hardship Withdrawal.*

Instructions for the health care provider: This student is requesting a late course or university withdrawal due to a medical hardship. To consider the student's request, a verification of the incapacitating illness or injury requiring extensive recuperation must be made by a health care provider. Prior to signing the **VERIFICATION OF AN INCAPACITATING ILLNESS OR INJURY FORM**, ask the student to complete the entire hardship petition, including the **PERSONAL STATEMENT**, to ensure all information is consistent and interrelated.

Print Student's Name _____

Student's Signature _____ Date _____

Date of Birth ____ / ____ / ____ **Date of Diagnosis** ____ / ____ / ____

The illness or injury occurred prior to this quarter? ____ Yes ____ No

Note: An unanticipated, incapacitating illness or injury means the student was immobilized or unable to attend classes or it has caused the student to be unable to comprehend the class lessons. **As the student's health care provider, I verify the following illness or injury has caused the student to be absent from class for more than one week of class(es). (Check one or more as appropriate)**

- An on-going incapacitating illness where prescribed medications and treatment have been followed, yet the illness or treatment have significantly affected the student's ability to attend class and/or complete academic assignments
- A life threatening illness or injury, including intentional or unintentional self harm, overdose or attempted suicide
- Unanticipated, incapacitating illness or injury that requires urgent medical intervention and recuperation
- Unanticipated, incapacitating illness that requires extensive recuperation in the form of immediate and on-going professional counseling or therapy

Health Care Provider Information: Print Name _____

Title _____ Health Care Facility/Office/Practice _____

Signature _____ Date _____ Phone# _____

**Student Life Office, Viking Union 506
Western Washington University
Office Phone (360) 650-3706/Fax (360) 650-4355/Email Michael.Schardein@wwu.edu**