

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

## APPEAL FOR WITHDRAWAL FROM CLASSES/UNIVERSITY FORM

(To be used after the 10<sup>th</sup> week of classes)

### Valid Reasons for an Appeal

Select the reason that best applies to your situation and use the space on the following page to explain how the situation has affected your ability to complete the course(s). Include dates and details that might support your case.

**Please attach documentation as explained above to support your appeal. Appeals without required documentation will not be processed.**

Please check the Reason for Appeal	Extenuating Circumstance(s)		Required Documentation (letters should be printed on professional letterhead and signed and dated)
	Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>• Letter from employer including effective date(s) and whether the increase in hours was mandatory</li> </ul>
		Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>• Letter from employer</li> <li>• Termination/separation letter</li> </ul>
	Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> <li>• Letter stating doctor advised period of home rest</li> <li>• Record of doctor appointments</li> </ul>
		Surgery/hospitalization	<ul style="list-style-type: none"> <li>• Letter stating doctor advised period of recovery</li> <li>• Record of doctor appointments</li> <li>• Copies of medical bills documenting illness/injury</li> </ul>
		Mental health issue	<ul style="list-style-type: none"> <li>• Letter from doctor, therapist and/or counselor</li> </ul>
		Dental emergency	<ul style="list-style-type: none"> <li>• Record of dental office visit(s)</li> <li>• Letter from dentist</li> <li>• Letter from dentist advising period of recovery</li> </ul>
	Student's Child(ren)	Child's medical condition	<ul style="list-style-type: none"> <li>• Records from daycare/school that child was required to be kept home (include in appeal the reasons for which alternative daycare was not available and what the specific plan would be if this occurred again in the future).</li> <li>• Records from doctor appointments</li> <li>• Letter from doctor advising period of recovery</li> </ul>
		Daycare issue	<ul style="list-style-type: none"> <li>• Letter from former daycare provider</li> <li>• Letter from new daycare provider</li> </ul>
	Other Circumstances	Death of a loved one	<ul style="list-style-type: none"> <li>• Obituary</li> <li>• Funeral program</li> <li>• Letter from counselor</li> </ul>
		Eviction	<ul style="list-style-type: none"> <li>• Eviction notice</li> <li>• Letter from transitional housing program</li> </ul>
		Assault/domestic violence	<ul style="list-style-type: none"> <li>• Police report</li> <li>• Court documentation</li> <li>• Letter from clergy, social worker, counselor, and/or doctor</li> </ul>

