

CLASS Withdrawal FORM

Extenuating Circumstance

If you are a financial aid recipient or receive funding from other sources, please be advised that changes to your enrollment may affect your current and future eligibility. Changes may also impact sequential progress toward graduation. Please contact the Financial Aid Office or your Advisor (800-422-NWTC, x5444) before making any changes to your enrollment.

Return the completed form to the designated staff for processing at the Welcome Center in Green Bay or front office staff at the Marinette/Sturgeon Bay campuses and Regional Learning Centers.

WITHDRAWAL PROCEDURE:

1. The Class Withdrawal Form must be used after the 60% class completion date.
2. All information is to be completed by the student including the reason for withdrawal. **If the student has already completed the class and a grade has been assigned, including a NS (no show), the withdrawal procedure cannot be used.**
3. Student must provide proof of extenuating circumstance. Attach all appropriate documentation to this form. See below for examples of extenuating circumstances. Failure to provide the required documentation may result in your appeal being denied.
4. The student is to take the form to the instructor for his/her signature.
5. The instructor must sign and date the form if approved. **The instructor is not required to sign the form if the withdrawal is denied.**
6. If the instructor denies the request, it is not necessary to proceed further.
7. If an instructor is not available, this process can be approved by either the Dean or Associate Dean responsible for the course in question.
8. The student is to return the form to the Welcome Center or mail it to NWTC; Attn: Enrollment Specialists, 2740 W Mason St., Green Bay, WI 54307-6042.
9. NWTC staff will drop the appropriate class, mail the class schedule to the student, and sign and date the withdrawal form.
10. A grade of "W" will then be assigned. There will be no refund after the 60% class completion date.
11. The student is to retain the class schedule as confirmation of withdrawal.

Examples of extenuating circumstances:

- ⇒ **Medical Appeals** - A letter from treating physician, on office letterhead, indicating the date student was first treated for the medical problem, and how the problem affected the student's ability to complete coursework during the same semester for which appeal is requested (Letter must be mailed directly by physician to the appropriate NWTC staff.)
- ⇒ **Personal or Family Problems** - A statement, on office letterhead, from a doctor, therapist, clergy person, NWTC counselor, or other appropriate person(s), who can verify when the specific problem first occurred and how it affected student's academic studies. (Letter must be mailed directly from the attending professional to the appropriate NWTC staff.)
- ⇒ **Death/Immediate Family (parents, siblings, spouse or child)** - A copy of the death certificate, memorial card, or obituary that references student's name and the deceased family member.
Care of an immediate family member – A letter from your family member's physician, on office letterhead, which states that the name of student required to care for the immediate family member. The letter must include dates student is required to provide the care.
- ⇒ **Work Related Problems** - A statement from student's employer, on office letterhead, stating the nature of the circumstances, and how the circumstances affected student's academic studies. If the problem was a change in work hours, the employer must also include the date the change in hours took place and whether the change was mandatory.

TERM: _____

CLASS WITHDRAW GRADE APPEAL FORM Extenuating Circumstance

One (1) form per class

Date _____

Student ID _____ Social Security Number _____ Daytime Telephone Number _____

Last Name _____ First Name _____ MI _____

Class Title	Class #	Catalog Number	Start Date

Reason for withdrawal:

Instructor Signature _____ Date _____

Dean/Associate Dean Signature _____ Date _____

I understand this request is valid seven days from the Instructor and/or Dean/Associate Dean signature date.

Student Signature _____ Date _____

Please attach all appropriate documentation to this form.

FOR OFFICE USE ONLY:	Completed by	Date
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