



Extenuating Circumstance Application

Student Name _____ Student ID Number _____

Mailing Address: _____

Phone: _____ Email Address: _____

I am applying for an Extenuating Circumstance Withdrawal from the following class(es):

Class #	Course Title	Instructor	Credits	End Date of Course

Are you a Youth Options student? Yes No

Have you discussed this withdrawal with the instructor(s)? Yes No

Have you discussed this withdrawal with your academic advisor? Yes No

Have you received Financial Aid, Veteran's or other military based benefits? Yes No

If yes, have you discussed this withdrawal with Financial Aid? Yes No

Did you attend any of the class sessions? No Yes: Date of Last Attendance _____

Reason for Extenuating Circumstance

Indicate why you believe you qualify for an Extenuating Circumstance Withdrawal. You may use additional paper and attach. Also attach all required supporting documentation.

Student Signature

I understand that failure to supply truthful, adequate and complete information on this application and supporting documentation will result in denial of the Extenuating Circumstance Withdrawal.

Student Signature _____ Date _____

College Use

Staff Member Receiving Application _____

Date Received _____

Application is Approved Denied (Reason for denial _____)

Registrar Signature _____ Date _____