I am submitting this request for:  □ Excused Withdrawal  □ Refund

My request is for classes taken in:  □ Summer  □ Fall  □ Winter  □ Spring  Year __________

Students have up to four quarters from the end of a class to submit a request for an Excused Withdrawal or Refund.

I have attached the following:

□ Personal statement explaining my request.
□ Documentation requirements: (Note: Petitions without documentation will be denied.)
  ▪ Serious medical circumstances: Submit medical provider’s statement on page 2, a letter from your provider or copy of medical records
  ▪ Military activation or deployment: Submit copy of military orders
  ▪ Serious emergency: Third party documentation of emergency

Student Signature __________________________________________   Date ______________________

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**EXCUSED WITHDRAWAL ELIGIBILITY**

- The class cannot have been fully completed. “Completed” is typically demonstrated by the completion of a final assessment (exam, paper, etc.), whether successful or not.
- Extenuating circumstances must be demonstrated and require documentation. Extenuating circumstances include, but are not limited to, serious medical conditions, serious family emergencies, military deployment, the student’s death, and other severe/catastrophic circumstances.
- An Excused Withdrawal is approved for all enrolled classes for the requested quarter, except in unique circumstances when the extenuating circumstance(s) directly impacted the ability to complete a specific class. An example is a broken leg when a student is enrolled in a dance performance course. Considerations for different modalities (in class, online, etc.) may also be considered.

**REFUND ELIGIBILITY**

- Refund petitions may only be approved for students who withdraw for medical emergency or military requirements in accordance with Washington State legislation (RCW 28B.15.605) and Pierce College policy.
- Not attending class does not entitle a student to a refund.

**HOW TO SUBMIT REQUEST**

In Person: Registration Office at any Pierce College location

Mail:  
Office of the Registrar  
Pierce College  
9401 Farwest Drive SW  
Lakewood, WA 98498-1999

Email:  sdory@pierce.ctc.edu

Fax:  (253) 964-6427

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**OFFICIAL USE ONLY**

□ Approved  □ Denied  Last date of attendance: ____________________ WE posted________________

□ SM4015 annotated  □ JBLM notified for JBLM enrollments

Comments:

Registrar’s Signature: __________________________   Date: __________________________
MEDICAL PROVIDER’S STATEMENT

Your patient is a student at Pierce College and is seeking a withdrawal and/or refund based on a medical condition. Please complete this form and return to the student to accompany their petition.

Student name: ________________________________

Did the student have a medical condition that affected the student’s ability to attend or to complete classes?  Yes ☐ No ☐

Last date the student was able to attend class: ________________________________

Date treatment started: __________ Date concluded or ongoing: __________

Briefly state the nature of the condition affecting the student’s ability to attend class:

Your role in the treatment of this student:

☐ Medical practitioner  ☐ Other: ________________________________

Print your name: ________________________________

License Number and State: ________________________________

Phone: ________________________________

Signature: ________________________________ Date: __________