

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip)

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Pierce College student email: \_\_\_\_\_@smail.pcd.edu

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 \_\_\_\_\_

EXCUSED WITHDRAWAL ELIGIBILITY	REFUND ELIGIBILITY
All of the following conditions must be met: <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Not attending class does not entitle a student to a refund.</li> </ul>
	HOW TO SUBMIT REQUEST

**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: \_\_\_\_\_