APPLICATION FOR HARDSHIP WITHDRAWAL

Student Identification Number	Name				
Address Sect of Box Number	First	Middle		Last	
Semester/Year Do you receive any form of Financial Aid or Veteran's Benefits? Yes No If yes, signature required from a Financial Aid and/or Veterans Aid Counselor. Signature of Financial Aid and/or Veterans Aid Counselor. Check box one or two:	Student Identification Number	Daytime Pho	ne:		
Semester/Year	Address	0.7	G		
Do you receive any form of Financial Aid or Veteran's Benefits? Yes No		City	State	Zıp	
If yes, signature required from a Financial Aid and/or Veterans Aid Counselor.					
	If yes, signature required from a F	inancial Aid and/or Vetera	ns Aid Counselor.		
2. I wish to withdraw from one or more courses, but not all courses, due to a hardship situation. If the withdrawal request is for one or more courses, but not all courses, a statement must be provided explaining why this is to case. Please attach to this form a statement that explains your hardship situation and attach documentation to substantiate your cla Appropriate documentation should come, for example, from official records, statements from physicians, attorneys, or employ who indicate that they (not you) significantly changed your work hours after the semester was underway. Any request receive without supporting documents will be denied and processed as a withdrawal without hardship. Please list all courses from which you wish to withdraw: Failure to include course prefix, CRN, and instructor's name for each class will delay the processing of this application. Are any of these courses eCore? Yes	Check box one or two:				
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Please attach to this form a statement that explains your hardship situation and attach documentation to substantiate your cla Appropriate documentation should come, for example, from official records, statements from physicians, attorneys, or employ who indicate that they (not you) significantly changed your work hours after the semester was underway. Any request receive without supporting documents will be denied and processed as a withdrawal without hardship. Please list all courses from which you wish to withdraw: Failure to include course prefix, CRN, and instructor's name for each class will delay the processing of this application. Are any of these courses eCore? YesNo	2. I wish to withdraw from one or more	e courses, but not all courses,	due to a hardship si	uation.	
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Are any of these courses eCore? Yes No			s will delay the proces	sing of this application.	
Please list all courses in which you wish to remain enrolled: Tam making this request for the following reasons:					
I am making this request for the following reasons: Personal Injury or illness Other, please explain in your attached statement. A form that is not signed will not be processed. It will be considered incomplete. I have read this application carefully and certify that this request for withdrawal is due to the stated and documented hardship. Student's Signature: Date: Date all documents received in VPAA office to complete file Review: Hardship Request: Approved Disapproved Date: Name of School Official	Are any of these courses ecofe.	110			
I am making this request for the following reasons: Personal Injury or illnessFamily injury or illness					
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Personal Injury or illnessFamily injury or illnessDeath in the family	Please list all courses in which you v	vish to remain enrolled:			
Personal Injury or illnessFamily injury or illnessDeath in the family					
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Employer-initiated work change Other, please explain in your attached statement. A form that is not signed will not be processed. It will be considered incomplete. I have read this application carefully and certify that this request for withdrawal is due to the stated and documented hardship. Student's Signature: Date: Date all documents received in VPAA office to complete file Review: Hardship Request: Approved Disapproved Date:	I am making this request for the following reasons:				
A form that is not signed will not be processed. It will be considered incomplete. I have read this application carefully and certify that this request for withdrawal is due to the stated and documented hardship. Student's Signature:	Personal Injury or illness	Family injury or illness	Death i	the family	
I have read this application carefully and certify that this request for withdrawal is due to the stated and documented hardship. Student's Signature:	Employer-initiated work change	Other, please explain in you	r attached statement.		
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Student's Signature:	•		•	is due to the stated and documented	1
Date all documents received in VPAA office to complete file Review: Hardship Request:ApprovedDisapproved Date: Name of School Official		iu certify that this reques	st ioi withui awai	is due to the stated and documented	•
Review: Hardship Request:ApprovedDisapproved Date: Name of School Official	Student's Signature:		D	nte:	
Name of School Official	Date all documents received in VPAA office to com	plete file			
Name of School Official	Review: Hardship Request: App	proved Disa	pproved Da	te:	
Signature	G.				