

# APPLICATION FOR HARDSHIP WITHDRAWAL

Name \_\_\_\_\_  
First Middle Last

Student Identification Number \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address \_\_\_\_\_  
Street or Box Number City State Zip

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:

\_\_\_\_ 1. I wish to withdraw from all courses on my schedule due to a hardship situation. \_\_\_\_\_

\_\_\_\_ 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 the case.***

***Please attach to this form a statement that explains your hardship situation and attach documentation to substantiate your claims. Appropriate documentation should come, for example, from official records, statements from physicians, attorneys, or employers who indicate that they (not you) significantly changed your work hours after the semester was underway. Any request received 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 \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all courses in which you wish to remain enrolled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am making this request for the following reasons:

\_\_\_\_ Personal Injury or illness      \_\_\_\_ Family injury or illness      \_\_\_\_ Death in the family

\_\_\_\_ 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: \_\_\_\_\_

Name of School Official \_\_\_\_\_

Signature \_\_\_\_\_