



# Request for Extenuating Circumstances Withdrawal

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

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

**Student ID/SSN:** \_\_\_\_\_

**Class Number (s):** [This serves as the student’s request to withdraw from the following Class Numbers regardless of whether it is deemed as “extenuating” in accordance with MATC procedures]:  
\_\_\_\_\_

**Term:** \_\_\_\_\_ **Last date of attendance?** \_\_\_\_\_

**A request for a withdrawal/refund for extenuating circumstances must be made within the semester for which the request is made or one semester following the occurrence, excluding summer session.**

**I have received financial aid for the identified term. Yes( ) No( )**

**Please describe your extenuating circumstances:**

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*FREQUENCY: I understand that once I have been granted withdrawal for extenuating circumstances, consecutive or recurrent semester withdrawal for extenuating circumstances will not be granted. I accept full responsibility for tuition and fees incurred due to any future term enrollment.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please send this information along with supporting documentation as identified on the reverse side.*



## ***EXTENUATING CIRCUMSTANCES WITHDRAWAL/REFUND PROCESS***

**Reason for Withdrawal or Refund:** Withdrawal or refund may be granted for medical, death or care of immediate family member, military activation, or unanticipated work hour changes by an employer.

### **Financial Aid Information:**

1. A student who has received financial aid and is requesting a refund/reduction on classes due to extenuating circumstances should contact the counseling department. The counselor will attempt to work with the student to determine if the student is able to remain in any of their classes. A counselor can also discuss possible consequences for dropping all classes in regards to financial obligations and/or program status.
  2. A student may be responsible for paying back financial aid if extenuating circumstances are granted for all classes dropped.
  3. If extenuating circumstances are granted for a student the refund check will not be returned to the student. Monies will be returned to the financial aid funding source.
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### **Procedure:**

1. You must complete the reverse side of this form in its entirety. Missing information will result in a denial of your request.
2. You must have a third party document the occurrence of the circumstance. For example, for health related circumstances, a physician must submit written documentation on office letterhead (**prescription forms are unacceptable**), employers must submit written documentation on company letterhead, etc. If you have further questions on providing written documentation, please contact the Enrollment Center at 246-6210. Please provide your physician or employer with a list of class names and numbers.

Documentation must include the following statement:

This letter is official verification that (student's name) is/was unable to complete the following classes (list class number & title) due to (state reason) which occurred during (dates). MATC auditors, after receipt of permission to disclose, should address inquiries to (identify physicians name and address or other appropriate individual, see Guideline above)

**A request for a withdrawal/refund for extenuating circumstances must be made within the semester for which the request is made or one semester following the occurrence, excluding summer session.**

NOTE: Requests will not be granted for classes that have been completed (i.e., the student has taken the final exam and/or received a final grade).

Once the documentation has been submitted and reviewed, a letter will be sent to the address on file notifying the student of the outcome. If the student disagrees with the outcome, the Registrar will receive appeal. The appeal must be submitted in writing along with additional supporting documentation. The Registrar's decision will be final.

All documentation should be submitted to:

**MATC Enrollment Center  
3550 Anderson Street  
Madison, WI 53704**

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