



# WITHDRAWAL EXCEPTION REQUEST FORM

<b>Office Use Only</b>
Date received: _____
Staff initials: _____

Name: _____ SID _____	
Address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone: _____
Quarter & Year _____ Last date of class attendance _____	
Please check reason for Withdrawal Exception: <input type="checkbox"/> Medical <input type="checkbox"/> Military <input type="checkbox"/> Other*	
<small>*Late withdrawal only, no refund will be issued.</small>	

### DOCUMENTS REQUIRED TO COMPLETE WITHDRAWAL EXCEPTION (RCW 28B.15.605 and CCS Administrative Procedure 5.05.10A Section 6.0 Exception to the Refund Policy)

- Official Withdrawal Form
- Withdrawal Exception Request Form, signed and dated by the student
- Letter from the student requesting the exception. It must contain the following:
  - A clear and detailed description of your exception request
  - Student signature and date (family members or friends **cannot** submit the request for the student)

**Medical exceptions** must also provide: a written, or typed, letter on business letterhead from your healthcare provider. Do not submit detailed medical records. The letter from the student's provider **must** state the following:

- Patient (student) name
- Statement by medical professional (physician) indicating that the patient (student) was unable to attend courses including the calendar dates that attendance was not possible.
- Signature of healthcare provider and date

**Military exceptions** must also provide either a copy of:

- PCS military orders **OR** TDY military orders

**SCC** Registration  
 Building 15  
 1810 N Greene St  
 MS 2151  
 Spokane, WA 99217  
 (509) 533-8181 (fax)

**SFCC** Registration  
 Building 17  
 3410 W Fort George Wright Dr  
 MS 3010  
 Spokane, WA 99224  
 (509) 533-3237 (fax)

**IMPORTANT INFORMATION**

1. Requests for a Withdrawal Exception must be received in writing by the last day of the quarter immediately following the quarter for which you are submitting the exception. For example, if you are appealing for classes in fall quarter, you may appeal through the following winter quarter.
2. If all documents are not submitted, your request will not be considered or processed.
3. Student will be withdrawn from approved classes at Community Colleges of Spokane by college staff upon approval of exception.
4. Please read the information regarding the refund policy located on our website:  
<http://www.ccs.spokane.edu/getdoc/809a2a32-0198-408f-b6bd-454fa925a2bf/5-05-10ARefunds.aspx>.
5. **A withdrawal exception may affect Financial Aid.** Student will need to discuss withdrawal repercussions directly with Financial Aid. Financial Aid appeals **MUST** be filed directly with Financial Aid.
6. Withdrawal Exception Request Form and supporting documentation can be submitted by mail, fax or in-person.
7. Please allow 10 business days for exceptions to be researched and processed. Once all information has been received, you will be notified of the decision by email.

**Office Use Only:**

- Paperwork complete.  
 Incomplete (more information needed). Date student contacted for more information: \_\_\_\_\_

Date new information provided: \_\_\_\_\_ Date  Approved /  Denied: \_\_\_\_\_

Student Contacted:  Yes /  No

How contacted:  Phone /  In-Person /  E-mail /  Mail Date: \_\_\_\_\_

Comments/Action:

Administrator (or designee) signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand that by turning in my official withdrawal and exception forms, I am stating my intent to begin the official withdrawal process.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_