

Return to:	UW Professional & Continuing Education Registration Services P.O. Box 45010 Seattle, WA 98145-0010	Phone: 206-543-2310 Fax: 206-685-9359 Email: c2reg@uw.edu
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UNIVERSITY OF WASHINGTON PROFESSIONAL & CONTINUING EDUCATION  
**COMPLETE WITHDRAWAL**

A student who feels s/he meets the guidelines of a hardship withdrawal but wishes to WITHDRAW FROM ALL COURSES for the quarter may not petition for a Hardship Withdrawal if it is still possible to receive a complete withdrawal for the quarter on or before the last day of instruction in the quarter. The student should fill out a change form with the UW Professional & Continuing Education Registration Office to be withdrawn. In other words, the only time a student can petition for a hardship withdrawal for all courses is if the withdrawal deadline (the last day of instruction) has passed for the quarter. Only under rare circumstances will a petition be considered after the close of the quarter in which the course is being petitioned. A student should not wait to petition for a hardship withdrawal for all courses if s/he knows s/he will need to withdraw because the petition is not necessarily granted. If it is granted, a grade of "W" will be posted on the student's transcript as if s/he withdrew during the quarter.

Name (Last)	(First)	(Middle)	Student Number
Address (Clearly PRINT for mailing)	(Street)	(Apt.)	Daytime Phone
(City)	(State)	(ZIP)	Email Address
Quarter and Year for which withdrawal is			
Qtr. _____ Yr. <b>20</b> _____			

**GUIDELINES**

1. This is a petition to drop course(s) after the "Last Day to Drop" deadline in the current quarter as published in the UW Academic Calendar. This is not a petition for a tuition refund. Check the Web for tuition forfeiture form.
2. Petitions must be filed promptly.
3. Attach a typed, signed statement outlining details of your petition (explain your extenuating circumstances).
4. In addition to your signed statement, adequate supporting documentation **MUST** accompany your petition. Content of the written documentation must include pertinent dates as well as specifics of your situation. Documentation of a generalized nature will not be adequate support of your petition. Supporting documentation must be from a licensed professional and submitted on letterhead. Letters of support from aides, athletic trainers, secretaries, etc. are not acceptable.
  - A. If you have been ill, submit a statement from your doctor or a completed Health Care Provider Form (page 2 of this document).
  - B. If your work hours have changed, submit a detailed statement from your employer on company letterhead.
  - C. If there has been a death, a death certificate is required. In lieu of death certificate, an obituary that lists you as a family member will suffice.
5. Submit the completed petition **with documentation** to the address supplied above.
6. Only under rare circumstances will a petition be considered after the close of the quarter in which the withdrawal is being petitioned. Be certain your documentation strongly supports this request.
7. Registration problems are not considered grounds for a hardship withdrawal petition.
8. The petition committee reviews petitions and you will be notified of the decision within two weeks of receipt.
9. If your petition is granted, UWEO will automatically update your registration record and you may be assessed a \$20 change fee.
10. Consider requesting an "I" (Incomplete) grade from your instructor if it is within two weeks of the close of the quarter and you satisfy the academic requirement.

**GUIDELINES continued**

- 11. **Do not use this form if you are withdrawing from all of your courses.** If you are dropping all of your courses in this quarter, complete the regular change form, available in the Professional & Continuing Education Registration Office. Additional information on complete withdrawals follows.
- 12. File a separate petition for each quarter.
- 13. If you have graduated, hardship withdrawals will not be granted for coursework which applies to an earned degree.
- 14. UW Professional & Continuing Education reserves the right to verify the authenticity and details of your documentation. All information will be kept strictly confidential.

**COURSES BEING PETITIONED**

**I was unable to complete the course(s) listed below due to physical and/or mental debilitation or unusual or extenuating circumstances beyond my control.**

Department/Course Number	Schedule Line Number (SLN)	Instructor

**I have reviewed the guidelines and outlined the details and specific circumstances supporting my request for dropping all courses for the quarter.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL (FOR USE OF WITHDRAWAL BOARD ONLY)**

Petition is:

- Granted     Denied     Deferred

Signature of Withdrawal Board Chairperson \_\_\_\_\_ Date \_\_\_\_\_



# HEALTH CARE PROVIDER VERIFICATION FORM

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Seattle, WA 98145-0010

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Fax: 206-685-9359  
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### INSTRUCTIONS TO THE HEALTHCARE PROVIDER

In order to consider a petition for a waiver of tuition forfeiture fees, the University of Washington, Seattle, requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the University during this quarter. Please provide the following information after the student/patient has completed the release consent at the bottom of this form.

Name of Student/Patient ( <i>Last</i> )			( <i>First</i> )			( <i>Middle</i> )		
Patient's Student Number			Date of first visit			When did you last examine the student?		
Description of Student/Patient's condition and how it prevents the student from attending the University. ( <i>Attach additional sheets as necessary.</i> )								

### CERTIFICATION

I certify that in my professional opinion, (*Student Name*) \_\_\_\_\_ is currently unable to attend the University of Washington, Seattle, during (*Quarter*) \_\_\_\_\_ of (*Year*) \_\_\_\_\_ due to the medical conditions described above.

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Health Care Provider ( <i>PRINT NAME</i> )	Phone Number of Health Care Provider
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### CONSENT TO RELEASE MEDICAL INFORMATION

I, (*Student/Patient*) \_\_\_\_\_ give my permission for my Health Care Provider to release information to the University of Washington, Seattle, concerning my physical condition as it relates to my request for a waiver of tuition forfeiture fees.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (*if student is under the age of 18*) \_\_\_\_\_ Date \_\_\_\_\_