PETITION FOR HARDSHIP WITHDRAWAL

A student unable to complete a course/quarter due to hardship may petition for a hardship withdrawal. A hardship is an incapacitating injury or illness requiring extensive recuperation, or a significant personal emergency such as the death of an immediate family member. This petition is not an alternative means to drop classes after the mid-point of the quarter, to remove or prevent unwanted grades, to resolve an academic matter, or to avoid an academic (e.g. academic integrity issue), financial aid, or student conduct-related consequence.

Please review the following information prior to submitting a petition
- Students are not eligible for a hardship withdrawal in a class in which they have completed the course requirements and/or taken a final exam.
- Conditions may be placed on those who receive a hardship withdrawal. Such conditions are intended to assist the student in succeeding academically and/or addressing the issues that led to the petition. For hardships requiring ongoing support not available at Western, additional time away from the institution may be required. Appropriate Western staff, including the Directors of the Counseling Center and Student Health Center, may be consulted in determining conditions.
- Appropriate University officials may be asked for additional information in order to consider your petition fully, and/or made aware of information you share if it is helpful in providing support to you. Details about hardship withdrawal petitions are not typically shared with faculty.
- Petitions due to sexual harassment, sexual violence and/or assault may be shared with Western’s Equal Opportunity Office unless accompanied by a care provider verification with CASAS.
- Repeated hardship withdrawal petitions are not typically granted.
- There is no appeal process for denied hardship withdrawal petitions. Denied petitioners will be notified via the student’s Western email account.
- Providing false information on a hardship withdrawal petition may result in its denial, reversal and/or in a violation of the Student Conduct Code.
- The impact on student financial aid may include the mandatory repayment of already disbursed funds. Contact Financial Aid (if you receive financial aid) to inquire about how an approved Hardship Withdrawal will affect your current and future financial aid.
- An approved hardship withdrawal petition does not entitle a student to a refund for tuition or other charges. The Student Business Office (360-650-2865) in Old Main 110 is responsible for determining eligibility of refunds and disbursement, if your petition is successful. Refunds are calculated based on the last date of attendance. Full- and half-refund deadlines are published by the Registrar’s Office each term. A copy of “Important Dates and Deadlines” is available on the Registrar’s Office website.

Partial Withdrawals: Tuition will not be refunded for students whose credit load remains between 10-18 credit hours before and after course withdrawal(s).
- Questions about the effect a hardship withdrawal will have on a scholarship should be directed to the Scholarship Center (360-650-3471) in Old Main 285.

CHECK LIST FOR A HARDSHIP WITHDRAWAL

☐ Submit the entire petition to the Office of Student Life, Viking Union 506, including the personal statement and verification. Petitions for partial hardship withdrawal should be submitted no later than 5 pm on the Friday of the eighth week of the quarter in which the class (or classes) are being taken; petitions for partial hardship withdrawals that are submitted after the eighth week of the quarter will be given greater scrutiny. Full hardship withdrawals are considered through 5 pm on the last Friday of classes, week eleven, or prior to the final assigned work, whichever is first.

☐ Consider including appropriate verification for hardships related to illness, injury or mental health via the Care Provider Verification form. Verification for significant personal emergencies may include obituaries, death notices, police reports, and/or documentation from an immediate family member’s medical provider.

☐ You will be notified by email regarding your hardship withdrawal petition; notification about any refund (if appropriate) is separate. Until you have received notification that your petition has been approved, you are responsible for all financial and other obligations – including financial aid – associated with your enrollment as a WWU student.
PETITION FOR HARDSHIP WITHDRAWAL
Office of Student Life/Dean of Students Office
Location: Viking Union 506 • Phone: (360) 650-3706

Name __________________________________________ Student ID Number W- ______________

Mailing Address__________________________________________________________ Zip____________

City/State___________________________________________________________ Western Email ______________________

Phone Number ______________________ Phone Number ____________________________

Who Referred You? □ Student □ Faculty__________________ □ Staff________________________

Do you currently live in on-campus housing? □ Yes □ No

If Yes, Building Name and Room Number________________________________________

I am requesting a: [ ] FULL HARDSHIP WITHDRAWAL (from all classes)
[ ] PARTIAL HARDSHIP WITHDRAWAL (from one or more, but not all, classes)

For the following: QUARTER _____________________ YEAR 20________

What was the last date you attended class(es)? ___________________ (if still attending, put today’s date)

When are you planning to return to Western? QUARTER _____________________ YEAR 20________

If you are requesting a PARTIAL WITHDRAWAL, list the course number, CRN, and Professor for each class from which you would like to withdraw (do not complete this section if you are requesting a full withdrawal).

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You MUST attach your personal statement and completed care provider verification (for illness/injury) or other appropriate documentation (for significant personal emergency).

Student’s Signature __________________________________________ Date ___________________
PERSONAL STATEMENT - PETITION FOR HARDSHIP WITHDRAWAL

All students requesting a full or partial hardship withdrawal are required to write a personal statement. The personal statement should further clarify the injury, illness, or significant personal emergency you have experienced. It is essential that you give accurate details about:

- The circumstances surrounding your hardship;
- The dates you were unable to attend classes due to injury, illness or significant personal emergency; and
- An account of how the situation specifically prevented you from completing your coursework.

If you are requesting a partial withdrawal, you must explain why the illness, injury, or significant personal emergency affected one or more – but not all – of your classes.

Name ___________________________ Student ID Number W- ________________ Date ________
CARE PROVIDER VERIFICATION - PETITION FOR HARDSHIP WITHDRAWAL

Instructions for Student:
Complete all pages of the hardship withdrawal petition and submit to your current health care provider (i.e., physician, psychiatrist, psychologist, or appropriate individual in the WWU Student Health Center or Counseling Center) for verification of the illness or injury that prevented you from completing your coursework for one or more classes. The care provider must complete and sign the bottom portion of this form. It is your responsibility to ensure that it is returned, along with your petition and personal statement, to the Office of Student Life.

Print Student’s Name ________________________________ ________________________________ ________________________________
Student’s Signature ________________________________ Date ________________________________

Student Check [ ] Initial ______ I am requesting that my health care provider verify and release appropriate information to the Office of Student Life, in support of my petition for a Hardship Withdrawal. I understand and authorize release of health care information that may include; drug and alcohol abuse or dependency diagnoses and treatment; mental health information; pregnancy-related records; and/or sexually transmitted infections, including HIV.

Instructions for the Care Provider:
The student, above, is requesting a hardship withdrawal. To consider the student’s request, verification of the condition, illness or injury by a licensed care provider is required. Prior to signing this, please review the completed hardship petition, including the personal statement, to ensure all information provided is consistent with the condition for which you saw/treated the student.

Date of Birth _____ / _____ / _____  Date of Diagnosis _____ / _____ / _____

Did the illness or injury occur prior to this quarter? _____ Yes _____ No
Was/is the condition, illness or injury potentially life-threatening? _____ Yes _____ No

Please note any other information that may helpful in considering this petition:

Care Provider Information:  Name _____________________________________________
Title _________________________________________________________________________
Health Care Facility/Office/Practice _____________________________________________
Signature _____________________________ Date ___________ Phone# __________________

Office of Student Life/Dean of Students Office
Western Washington University
Office Phone (360) 650-3706 / Email student.life@wwu.edu