



Office of Student Records
Late Withdrawal Request Form
 (Related to Medical and Hardship Requests)

Instructions: Student must complete the electronic Late Withdrawal Request Form thoroughly, print, sign and date, and submit completed form with all required documentation to the Office of Student Records.

Student's Name: _____ Student ID #: _____

Student's Address: _____

City _____ State _____ Zip _____

Student's Email Address: _____

Phone# (____) _____-_____ Other# (____) _____-_____

Withdrawal Semester: Fall Spring Summer Year: _____

Course Information: Include all courses for the semester for which the withdrawal applies.

Course Prefix/Number/Section	Course Prefix/Number/Section	Course Prefix/Number/Section

Type of Withdrawal Request and Supporting Documentation Requirement:

- Medical (Self) – letter in sealed envelope on office letterhead from the treating medical health professional, providing documentation supporting the need for late withdrawal (i.e., medical records, accident reports, etc.)
- Hardship (Medical for Immediate Family Member) – letter in sealed envelope on office letterhead from the treating medical health professional stating the medical condition/circumstances and that the student's presence is required to provide care for the immediate family member to include dates and responsibilities.
- Hardship (Work Related) – letter in sealed envelope on office letterhead from the student's employer explaining the new position, change in hours along with the new required work schedule, and documentation that the company is unable to work with the student's current course schedule for the period of time needed to complete the course requirements.
- Hardship (Act of Nature) – supporting documentation to include dates of act, copies of insurance claims and/or police reports and the extent of the damage(s).
- Other (specify): _____ – supporting documentation of event to include dates and official documentation of the event.

Statement describing circumstances which prevented timely withdrawal from course(s) and the effect on completing the semester to include date(s) of treatment, nature of illness/injury, severity of the circumstances, etc.:

By signing this form, I certify that I have read and understand the Greenville Technical College Late Withdrawal Guidelines. I affirm that, to the best of my knowledge, the information provided on this form and the information attached are accurate.

Student's Signature _____ Date _____