

**Overview:** An “Excused Withdrawal” (or “withdrawal with approved excuse” or “hardship withdrawal”) refers to a specific “grade” recorded for a course for which a student has withdrawn, or did not complete, due to extenuating circumstances beyond the student’s control. A committee will review each petition upon receipt of request and required documentation.

Name \_\_\_\_\_ Student ID \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip)

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Pierce College student email \_\_\_\_\_

Circle the quarter and write the year for which you are requesting an Excused Withdrawal:

Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

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

**APPROVED EXTENUATING CIRCUMSTANCES**

- **Serious medical circumstances** that render student unable to return or complete class(es). Must complete all 3 Medical Documentation pages and submit with your request.
- **Serious family emergency** that renders a student unable to return or complete class(es). Provide documentation of emergency and submit with your request.
- **Military deployment** to a location that would render the student unable to return or complete class(es). Provide copy of military orders and submit with your request.

**See next page for how to complete your request.**

Submit this form and your completed petition to:

Office of the Registrar  
Pierce College Fort Steilacoom  
9401 Farwest Drive SW  
Lakewood, WA 98498-1999  
FAX (253) 964-6427  
Email: [awhite@pierce.ctc.edu](mailto:awhite@pierce.ctc.edu)

Official Use Only:  
Approved: \_\_\_\_\_ Denied \_\_\_\_\_  
Last day of attendance: \_\_\_\_\_ WE posted (date): \_\_\_\_\_  
Comment screen annotated: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

## CHECKLIST FOR REQUIRED DOCUMENTS TO REQUEST EXCUSED WITHDRAWAL

- ✓ Complete Request for Excused Withdrawal form.
- ✓ Write and attach a personal statement explaining your request.
- ✓ If request is **medically based**, complete all three pages of the Medical Documentation.
  - Student completes page 1
  - The medical provider must complete pages 2 and 3
- ✓ If request is based on other **extenuating circumstances**, provide documentation of the circumstances with your request.
- ✓ If request is based upon **military deployment**, provide a copy of your military orders.
- ✓ Ensure all signatures are complete.

### ADDITIONAL INFORMATION

An “Excused Withdrawal” (or “withdrawal with approved excuse” or “hardship withdrawal”) refers to a specific “grade” recorded for a course for which a student has withdrawn due to extenuating circumstances beyond the student’s control and which has been reviewed and approved by Pierce College.

In order to qualify for the issuance of a Withdrawal with an Approved Excuse (“WE”) grade, a student must satisfy all of the following conditions:

- The coursework of the course cannot have been fully completed. “Completed” is typically demonstrated by the completion, whether successfully or not, of a final assessment. (e.g. final exam, paper, etc.).
- Extenuating circumstances beyond academic performance in the course must be demonstrated and will often require some form of documentation. Extenuating circumstances include, but are not limited to, serious medical conditions, serious family emergencies, military deployment, the student’s death, and other severe/catastrophic circumstances.
- Generally, students have up to one year from the end of a course to submit a request for an Excused Withdrawal. Appeals and exceptions to this condition must be documented.
- Generally, an Excused Withdrawal is only approved for all enrolled courses for the quarter, except in unique circumstances wherein a student can demonstrate the extenuating circumstance(s) directly impacted the student’s ability to complete the requirements of a specific course(s), e.g. a broken leg related to a dance performance course. Considerations for different modalities may also be considered.
- An Excused Withdrawal can be an option regardless of the amount of the course and coursework that has been completed, so long as the all components of the course have not been attempted (e.g. completed the final exam/assessment would disqualify the Excused Withdrawal as an option).
- Depending on the reasons for withdrawal, a student who is granted an Excused Withdrawal for medical reasons may not be permitted to return until s/he presents a statement from a medical provider showing that s/he is medically ready to return to the rigors of academic work.

## Medical Documentation for Petition for Excused Withdrawal – Page 1

*Submit all three pages with your petition*

### Request/Authorization and Consent for Release of Records and Waiver

I, \_\_\_\_\_, intending to be legally bound, authorize the release of educational records or information from educational records relating to me and maintained by Pierce College to (please list any and all medical providers related to this case):

Name of Medical Provider: \_\_\_\_\_

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

Name of Medical Provider: \_\_\_\_\_

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

Name of Medical Provider: \_\_\_\_\_

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

For the purpose of evaluating a petition for an Excused Withdrawal (WE) from courses for a medical reason, I make this release and waiver understanding my right to prevent disclosure of information from my educational records under the United States Family Educational Rights and Privacy Act of 1974 (FERPA).

Student Printed Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Provider's Statement to Support a Petition for an Excused Withdrawal – Page 2

Your patient is a student at Pierce College and is seeking a withdrawal from classes based on a medical condition. This form is to be filled out by the medical doctor, psychiatrist, psychologist, or other licensed medical practitioner, who is treating the student for the condition necessitating withdrawal from classes. This form must be returned to the student to accompany his/her Petition for an Excused Withdrawal based upon a Medical Condition.

*Thank you for your assistance.*

Full name of patient: \_\_\_\_\_

Did you provide treatment for the above named patient? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, nature of medical condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date treatment started? \_\_\_\_\_ Date concluded, or ongoing? \_\_\_\_\_

In your professional opinion, when was the student **last able to attend class**? \_\_\_\_\_

How does his/her condition affect his/her ability to attend classes? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your role in the treatment of this student is as a:

Medical Doctor \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ Other \_\_\_\_\_

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License Number and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Medical Provider's Statement to Return to Pierce College – Page 3

Your patient seeks to return to Pierce College after withdrawing in a previous quarter as a result of a medical condition. As the medical doctor, psychiatrist, psychologist, or other licensed medical practitioner who is/has been treating the student for the medical reason necessitating a withdrawal from classes, please complete the form and return it to the student. If additional space is needed, please use the back of the form. The completed form is required for the student to be eligible to re-enroll at Pierce College.

*Thank you in advance for your assistance.*

Full name of patient: \_\_\_\_\_

Did you provide treatment for the above named patient? Yes \_\_\_\_\_ No \_\_\_\_\_

*If "yes", please complete the following:*

- What is the nature of medical condition (reason for withdrawal from the College and treatment)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Date treatment started? \_\_\_\_\_ Date concluded, or ongoing? \_\_\_\_\_

- How did the condition affect your patient's ability to attend school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you believe that your patient is now able to safely participate in College classes as:

A **full-time** student? Yes \_\_\_\_\_ No \_\_\_\_\_ or a **part-time** student? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "no" to either of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your patient is approved to return, do you have any specific recommendations: Yes \_\_\_ No \_\_\_\_\_

If you answered "yes", please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your role in the treatment of this student is as a:

Medical Doctor \_\_\_\_\_ Psychiatrist \_\_\_\_\_ Psychologist \_\_\_\_\_ Other \_\_\_\_\_

Print your name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License Number and State: \_\_\_\_\_

Telephone Number: \_\_\_\_\_