



# WITHDRAWN WITH MITIGATING CIRCUMSTANCES

Mitigating circumstances are defined as instances which the student was unable to complete a course(s) due to serious illness, death in immediate family, full-time employment shift change, or move from the area. Your tuition may not be refunded. Requests must be made during the semester in question or the immediate subsequent semester. No request will be considered after this time.

Student Full Legal Name (Please Print)							Preferred Phone Number				
First Name	Middle Initial	Last Name									
Germanna Student ID Number							Current Term (Please Check)			Current Year	
							Fall	Spring	Summer	20____	

**Please list the classes for which you are seeking a withdraw:**

Course Number	Course Subject-Section	Credits	Last Date Attended According to Faculty	Term and Year Class Taken

**PLEASE CHECK ALL THAT APPLY:**

ARE YOU RECEIVING GI BILL BENEFITS?      YES    NO  
 ARE YOU RECEIVING GRANT FINANCIAL AID?    YES    NO  
 ARE YOU RECEIVING DIRECT LOANS?            YES    NO

**Are you in the Nursing Partnership Program?    YES    NO**  
**If YES and the request is approved an updated transcript may be sent to UMW.**

If you answered yes to any of these questions you MUST discuss the impact this will have if you are approved AND a representative of that department must sign below before this form can be reviewed.

Signature of Financial Aid and/or VA Representative: \_\_\_\_\_

Explanation of the financial impact this will have on the student if approved.  
(For Financial Aid and Veterans Affairs use): \_\_\_\_\_

Please check the reason for your withdraw below and **attach supporting documentation**.

- Personal or family illness
- Geographic transfer or change in the hours or conditions of employment
- Active-Duty military services
- Other circumstances (please explain in the space provided)

\_\_\_\_\_  
 \_\_\_\_\_  
 (Please attach documentation)

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

FOR OFFICE USE ONLY:	Staff Member:	Verified Original Documentation
Approved	Not Approved	Policy Exception
Dean's Signature: _____		Date: _____
Vice President of Academics: _____		Date: _____
(need only if Policy Exception box is checked)		
Processed By: _____		Date: _____