

**UNIVERSITY OF MONTEVALLO
REGISTRAR'S OFFICE
STUDENT WITHDRAWAL FOR EXTENUATING CIRCUMSTANCES**

EFFECTIVE TERM: _____ LAST DATE OF ATTENDANCE: _____

STUDENT NAME: _____ UMID: _____

MAJOR: _____ ADVISOR: _____ YEAR(circle one) FR SO JR SR GR
ATHLETE? Yes ___ No ___

Please explain below how your situation prevents completion of the term. Withdrawals for extenuating circumstances will only be approved in cases of prolonged illness, a debilitating accident, family emergency, or comparably serious personal situations. Please attach documentation of your circumstances. **All required paperwork must be submitted to the Registrar's Office as soon as possible and no later than 30 days following the end of the term for which you are seeking to withdraw.**

FINANCIAL AID: YES ___ NO ___

Students receiving financial aid and are withdrawing from the University should contact the Financial Aid office prior to withdrawing. Withdrawing may result in repayment of financial aid and a balance due on their account.

HOUSING: YES ___ NO ___

Students residing in University housing must notify the Office of Housing and Residence Life of their intent to withdraw and must check out of their room within 24 hours of withdrawal.

I understand that my financial aid eligibility, tuition, and housing may be affected by my request for withdrawal for extenuating circumstances. I also understand that I will be withdrawn from all classes for the term if my withdrawal request is approved. It is my responsibility to contact the appropriate offices or departments relevant to these concerns.

STUDENT'S SIGNATURE: _____ DATE: _____

REVIEWED BY SIGNATURE: _____ DATE: _____

Registrar

___ APPROVED ___ DENIED _____ DATE: _____

Provost

Registrar's Office use only

Email to: ___ Dean ___ Cashier ___ Financial Aid Library ___ Student Post Office ___ Housing (deactivate ID card)

Processed by: _____ SHATCMT _____ DATE: _____

(Withdrawal for Extenuating Circumstances effective mm/dd/yyyy)

09/17/2014