

If extenuating circumstances have prevented you from dropping or withdrawing by the published deadline, or if an event occurred after the published deadline, then you must complete the Withdraw Appeal Form and include supporting, official third-party documentation **within 30 days of the end of the semester being requested**.

The College has a policy for Incomplete Grade, Repeated Courses, and Medical Fresh Start. Please review to see if one of these may be a better fit for your circumstances.

**FINANCIAL AID RECIPIENTS:**

If you received financial aid then contact the Financial Aid office to determine the effect (increase or decrease) of your aid awards before submitting an appeal. Financial Aid is located in room C110 on the main campus or can be reached via email at [finaid@northweststate.edu](mailto:finaid@northweststate.edu) or phone at 419-267-1333.

**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

What semester and year are you submitting this appeal for? \_\_\_\_\_

**COURSE INFORMATION:**

Course Number (ex. ENG 111-001)	Instructor Name	Last date of attendance or submitted assignments in Sakai
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**I am requesting:**    ☐ 100% Refund    ☐ 75% Refund    ☐ 50% Refund    ☐ Withdrawal "W" grade only

**Write a brief statement of your extenuating circumstances below. If you need more room, use the back of this form or attach additional sheets.**

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**Supporting, official third-party documentation must be submitted with this appeal.**

- Examples: letter from health care provider or law enforcement report verifying the condition described in the above statement; obituary of a member of the student's immediate family stating relationship to the deceased; copy of official orders for military active duty.

I understand that approval of this appeal is not guaranteed. I also understand that if I received financial aid, program regulations may require that all or part of any refunded monies be returned to the funding source. I may be required to repay all or part of my financial aid awards.

Student Signature _____	Date _____
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**REGISTRAR OFFICE USE ONLY:**

Request approved for:    ☐ 100% Refund    ☐ 75% Refund    ☐ 50% Refund    ☐ Withdrawal "W" grade only

Request denied:    ☐ Extenuating circumstances did not prevent student from dropping or withdrawing by the published deadlines.

Registrar Office Staff Signature _____	Date _____
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