

Montana State University-Northern

Request for an Exception to the Deadline for Withdrawing from a Class or a Semester, a Change of Withdrawal Date, or a Cancellation of Enrollment

In general, there are only two reasons the university will permit withdrawals after the published deadline:

1. The student intended to withdraw prior to the published deadline but was unable to do so due to circumstances beyond his/her control.
2. The student is or was unable to continue in a class or classes due to emergency circumstances beyond his/her control.

In general, the university will permit cancellation of registration only if the student did not attend class, or if the student was unable to continue attending class due to circumstances for which the university was responsible.

If you believe that your situation meets these criteria, you may complete this form and forward it to the Admissions and Standards Committee, Cowan Hall 220. You will be notified of the time and date that the request is scheduled for a hearing by the Committee. You may attend the meeting and speak to the Committee if you wish. You will receive the decision in writing as soon as possible.

Complete all information below:

This request is for the (circle one) Fall Spring Summer semester. Year _____

I (circle one) did did not attend the class(es) or semester under review. My last date of attendance was _____.

I am requesting (check one): _____ Cancellation of registration _____ Withdrawal _____ Change of withdrawal date

for (check one): _____ the entire semester. _____ the following classes:

Reason: (check one) _____ I intended to withdraw prior to the published deadline but was unable to do so due to circumstances beyond my control.
_____ I am/was unable to continue in a class or classes due to emergency circumstances beyond my control.
_____ I could not attend class due to circumstances created by the university.

Write here about the circumstances which made it impossible for you to withdraw prior to the deadline or attend or continue in classes, or the reasons you wish your withdrawal date to be changed, or your registration to be cancelled. Attached a separate statement if more space is required.

NOTE: You must provide objective, third-party verification of the circumstances you wrote about in the box above.

University faculty, professional clergy, professional counselors, or physicians you consulted in connection with the circumstances are examples of individuals who may provide verification. Immediate relatives or family members are not normally adequate sources of verification because they might lack the objectivity required. Circumstances which are generally foreseeable, such as transportation, child care, and financial difficulties, or employment changes, are not usually considered "emergency" circumstances which would justify withdrawal, or cancellation of registration. **This request cannot be considered without the third-party verification required.** The third party who is providing your verification may use the form on the back of this page if it is convenient.

Notice concerning financial aid and financial liability. Sometimes assigning or changing a withdrawal date retroactively results in the finding that financial aid has been overpaid to the student. In some cases, the student is required to repay this financial aid overpayment. By signing and submitting this document, the withdrawing student acknowledges these possibilities, and promises to repay any financial aid overpayment that is assessed.

Applicant verification. I herewith verify that these statements are true. I understand that if I am allowed to withdraw based on these statements and they are found to be untrue, MSU-N may reinstate me in the class(es) and award me the grades I earn in them. I understand that the requested action may result in the finding that financial aid has been overpaid to me. I understand that I must make any repayment obligation that is determined as a result of this before this withdrawal will be completed.

Print Name _____ ID Number _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Financial Aid Office use only

I herewith certify that this student will have no unsatisfied financial aid liability as a result of this action.

Financial aid official _____ Date _____

Admissions and Standards Committee use only: _____ Approved _____ Disapproved _____ Tabled _____ Referred

Notes:

Chair, Admissions & Standards Committee _____ Date _____

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Third Party Verification Form

Instructions: The person who has provided this form is or was a student at Montana State University-Northern. This person wishes to withdraw from the university, have his/her withdrawal date changed, or have his/her registration cancelled. The deadline for these actions has passed. In order to appeal for an exception to the deadline, the applicant is required to obtain written verification from an objective third party that:

1. Circumstances beyond his/her control prevented him/her from withdrawing from the class(es) in question before the published withdrawal deadline, or...
2. Circumstances beyond his/her control prevented or will prevent the student from completing his/her classes in question, or...
3. The student never attended the classes in question, or...
4. The withdrawal date assigned the student was incorrect.

If you endorse this form, you verify the following (check and complete one):

_____ The person who is applying for this action is/was unable to carry out the responsibilities of a university student during the following time period:

Start date _____ End date _____

or...

_____ The person who is applying for this action is/was unable to attend classes due to circumstances caused by the university.

The reason for this inability was:

My relationship to this person is:

Signature _____

Title _____ Date _____