

Student Signature (Required)

Columbus Campus Student Central Madison Hall 550 E. Spring St., Columbus, OH 43215 (614) 287-5353 Fax: (614) 287-3985 Delaware Campus Student Services Moeller Hall 5100 Cornerstone Dr., Delaware, OH 43015 (740) 203-8345

Administrative Withdrawal Request

In the event you were unable to withdraw from your course(s) by the deadline determined by College policy due to extenuating circumstances, you may submit this form and all required documentation to request an administrative withdrawal exception to the College policy.

Requests may be submitted up to <u>24</u> consecutive months from the <u>end date of the term</u> for which the administrative withdrawal is being requested. Forms received after the deadline, and/or without all required documentation, will not be reviewed. We will email you at your student.cscc.edu address with the results of your request. Approval of this request is not guaranteed.

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Student Name:			Cougar ID: List Cougar	ID# on all attachments
Indicate the term and year for which you are requesting an administrative withdrawal (one form per term):				
Aut	ımn nmı	Spring	-	Summer
			ndrawal is being requested	l (please print clearly):
Indicate each item	completed and/or	documents attached – AL	L items MUST be complete	d prior to submission:
To the best o circumstance in a personal details that w	f your ability, be speci es surrounding your A statement would caus ould cause you to rev	ific in your explanation of circu Idministrative Withdrawal requ se you distress, please provide risit the traumatic events. If yo	w from the course(s) by the course(s) by the courstances and include dates of the course are/were traumatic and you as much information as possing are in need of a referral to courselingservice.	of related events. If the u feel that writing about them sible without going into the bunseling or other resources
			essible documentation may in	ıclude:
 Obituary 	of a member of you		personal statement. parent, step-parent, sibling, g	randparent, stating
 Copy of 		itary active duty assignment	to a different area, state, or omber verifying a college erro	
			mail to <u>tarawforms@cscc.</u> ns, contact us at 614-287-5	
		ny Administrative Withdrawal ative Grade Point Average w	Request is approved, a grad vill be recalculated.	de of "AW" will replace the
		this electronic form, I certify ow executed this document i	all the information reported in its entirety.	s complete and correct. I

Date