HARDSHIP WITHDRAWAL REQUEST

Student Name ____________________________________ ID __________________________
Semester/Year __________________ Last Date of Attendance __________ Major__________
Full Withdrawal ___ *Partial Withdrawal ___ *Reason for partial W/D request __________________________
AU Housing Resident: Yes ___ No____ Receiving Financial Aid Yes ___ No____
Receiving Military Benefits Yes ___ No____ AU Athlete Yes ___ No____

Describe how situation has/have interfered with your academic performance.
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

When did your concerns begin? Describe how these concerns evolved.
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

Describe what campus based resources you utilized for the term or semester in question to assist you in support of academic success (i.e. Student Counseling and Psychological Services, Academic Success Center, Testing and Disability Services, Dean of Students office, Student Support and Advocacy, Advisement, Academic Advisement, etc)
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________

With my signature below, I attest to accuracy of the information give and:

• A Hardship Withdrawal would include an emergency, crisis or unavoidable circumstance such as the injury, illness or death of an immediate family member, a fire or other personal disaster, financial (loss of job by the student or head of their household or employer-initiated job change). I understand I am responsible
for providing documentation that support my claim of hardship. Documentation may include obituary, funeral program or written documentation from an employer. I understand that it is my responsibility to confirm that the additional required documentation is delivered to the Dean of Students office.

- I acknowledge that, if I have questions regarding the financial implication of withdrawal, I will contact Financial Aid at prior to the submission of this paperwork.
- I understand that if my hardship withdrawal request is approved and processed, I may owe a balance to the University. Furthermore, I understand that if I fail to pay an unpaid balance on my student account, I will be personally responsible for and agree to pay, all costs and fees.
- I understand the purpose of this policy is to provide academic relief to the student only, not financial relief.

I give the Dean of Students Office permission to contact my professors to process a withdrawal from all courses. I understand that my documentation must be presented with this form and approved and the grade of W, WH or WF will be assigned to my classes upon approval from the professor for each course.

Student Signature _________________________________ Date ________________

Office Use only:

Approval _________________________________ Date ________________

Medical documentation presented ______________ Forwarded to Registrar ________________