



## Petition for Policy Exception

(Medical, Military, Hardship, or Administrative Withdrawal or Refund)

The Petition for Policy Exception is a formal request for an exception to Tacoma Community College published policy. An exception can only be approved when extenuating circumstances or administrative errors are demonstrated. Extenuating circumstances include, but are not limited to, serious medical condition, family emergencies, military deployment, or other emergency circumstances which directly affects the student's ability to complete their classes. Petition review and processing can take up to 4 weeks. The decision of the Committee is final and will be sent to the preferred email on the petitioner's account or to the email provided below.

Submit completed form to Enrollment Services, Bldg 7 or registrar@tacomacc.edu.

### Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am requesting an exception for the ☐ Fall ☐ Winter ☐ Spring ☐ Summer \_\_\_\_\_ quarter.  
(year)

I am or was enrolled in the following classes for this quarter:

To Be Completed By Instructors		
Class	Attendance	Instructor (Email may be attached to form in lieu of signature)
	<input type="checkbox"/> Attended Last Date of Attendance / /	Signature _____ Printed Name _____
	<input type="checkbox"/> Never Attended	
	<input type="checkbox"/> Attended Last Date of Attendance / /	Signature _____ Printed Name _____
	<input type="checkbox"/> Never Attended	
	<input type="checkbox"/> Attended Last Date of Attendance / /	Signature _____ Printed Name _____
	<input type="checkbox"/> Never Attended	
	<input type="checkbox"/> Attended Last Date of Attendance / /	Signature _____ Printed Name _____
	<input type="checkbox"/> Never Attended	

## Special Classifications *(check all that apply)*

If you answer yes to any one of these classifications, it is strongly advised that you speak to a representative in that area so you are aware of any consequences pertaining to this petition. Approved petitions may not eliminate all financial aid debt.

Are you receiving Financial Aid (grants, loans, scholarship, or work study)? ☐ Yes ☐ No

Are you receiving VA Benefits or Military Tuition Assistance? ☐ Yes ☐ No

Are you an international student here on an F1 Visa? ☐ Yes ☐ No

## Exception Categories

Please select the type of exception most appropriate for your circumstance and provide the documentation specified in the exception requirements:	
<input type="checkbox"/> Medical	<p>Serious unanticipated illness or medical emergency that occurred during the quarter. Medical withdrawals and refunds apply to <b>all</b> classes student is enrolled in for the quarter. Students are allowed one medical withdrawal petition per academic year.</p> <p><u>Requirements:</u> Your healthcare provider must sign the Healthcare Provider Statement on the back of this form. In some instances, depending on the identified condition (such as a contagious disease), additional documentation may be required from your healthcare provider indicating permission to return.</p> <p><u>Deadline:</u> Petitions must be submitted no later than the last day of the quarter that immediately follows the quarter in question.</p> <p><u>Refund policy:</u> Refunds are available for students unable to complete the quarter due to serious illness or medical emergency. Requests submitted after the quarter has ended will be considered for withdrawal, but no refund will be issued.</p>
<input type="checkbox"/> Military Deployment	<p>Military deployment to a location that would prevent completion of quarter.</p> <p><u>Requirements:</u> Copy of military orders are required.</p> <p><u>Deadline:</u> Petitions must be submitted no later than the last day of the quarter that immediately follows the quarter in question.</p> <p><u>Refund policy:</u> Refunds are available for students unable to complete the quarter due to call to active military service. Requests submitted after the quarter has ended will be considered for withdrawal, but no refund will be issued.</p>
<input type="checkbox"/> Other Hardship	<p>A significant and unanticipated personal emergency beyond the control of the petitioner.</p> <p><u>Requirements:</u> Documentation detailing the date and details of the personal emergency (i.e. obituary, police report, etc.)</p> <p><u>Deadline:</u> Petitions must be submitted no later than the last day of the quarter that immediately follows the quarter in question.</p> <p><u>Refund Policy:</u> Refunds are not available.</p>
<input type="checkbox"/> Administrative Error	<p>Fees or tuition that incurred as a result of an error made by TCC staff or faculty.</p> <p><u>Requirements:</u> Supporting statements from involved staff or faculty will strengthen your petition.</p> <p><u>Deadline:</u> No deadline.</p>

## Solution Requested

I am requesting to: *(check all that apply)*

- ☐ Drop courses without record or grade. This is only available if student did not attend class.

- ☐ Drop courses with a withdrawal (W) grade after the deadline.

*Withdrawal grades do not impact grade point average but will appear on student's permanent record including transcript. It may also impact satisfactory academic progress and financial aid.*

- ☐ Receive a tuition refund. *(Not available for all types of petitions)*

- ☐ Other: \_\_\_\_\_

### Explanation

Supply an explanation that provides sufficient information supporting the selected exception category selected. Be sure to communicate the circumstances or administrative errors that led to this request clearly and legibly. You may attach a typed statement to this form. In addition to the statement, attach supporting documentation as required or needed to support your request. Required documentation is listed under each exception category.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Healthcare Provider Statement

*Required only for Medical Withdrawals*

Provider Full Name: \_\_\_\_\_

License Number and State: \_\_\_\_\_

I certify that, in my professional opinion, \_\_\_\_\_, is/was unable to attend Tacoma  
Community College beginning on \_\_\_\_\_ due to a medical condition.

Provider Signature: \_\_\_\_\_

## Student Signature

By signing below, I am certifying that the information provided is true. Misrepresentation of the facts or documentation may be sufficient cause for automatic denial of this request and may be in violation of the student conduct code.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Internal Use

☐ Approved

\_\_\_\_\_

☐ Denied

\_\_\_\_\_

☐ Withdrawn

\_\_\_\_\_

Registrar or Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_