



OWENS
COMMUNITY COLLEGE

Records Office
P.O. Box 10,000
Toledo, OH 43699
Fax: (567) 661-2101
Email: special_withdrawal@owens.edu
Oserve Office
Phone: (567) 661-7378
Toledo Location: CH 152
Findlay Location: EC 112

Special Withdrawal Petition

Rev 08/21/2014

A Special Withdrawal Petition is submitted after the last day to withdraw from the course. Your request will only be considered if the circumstances were: non-recurring, catastrophic or life-threatening in nature, and beyond your control. The following are examples of acceptable events: medical, military duty, jury duty, death of an immediate family member, family care, employment schedule changes or college error. No more than 2 petitions in a 24 month period will be considered for a student. A petition shall be reviewed, a decision rendered and a communication to the student shall be completed within 15 business days upon the College's receipt of the petition.

Deadline: A Special Withdrawal Petition must be submitted by the last day of semester following the semester in which the course(s) being petitioned were part of your schedule.

Grades: If your request is approved, any grade change(s) will result in the issuance of a grade of "WD".

Notification: You will be notified by email when a decision is made. Email will be sent to your Omail account.

Immediate Denials: Petitions based on the following will be immediately denied: You stopped attending the class, but did not withdraw, you thought you had dropped the course online, you were unable to contact your advisor or instructor, being unaware of registration deadlines, illness occurring prior to drop deadline, failure to secure financial aid or funding, dissatisfaction with the course or instructor or being unprepared, lack of knowledge of enrollment. Failure to fully complete the petition or failing to submit documentation may also result in a denial.

Financial Aid Recipients –Approved requests could cause repayment of federal student aid received. If you are a financial aid (FA) recipient, you are strongly encouraged to consult with an Oserve Advocate before completing this request.

Checklist for Submission of a Special Withdrawal Petition: You may submit your request in person to Oserve or by mail or fax to the Records Office. Contact information is located at the top of this form.

OCID _____ Printed Name _____ Date of Birth _____

- I have attached a typewritten statement containing my name, address, phone number, semester being petitioned, courses from which I request a withdrawal, signature and an outline of my extenuating circumstance including why consideration should be given to my request.
- I have attached documentation supporting my extenuating circumstance. Examples include medical documentation from a licensed professional submitted on letterhead, copy of orders for active duty, copy of obituary or death certificate, letter from care facility on letter head, signed letter from employer on company letterhead, documentation from instructor, administrator or advisor for college error.
- I am aware that I am responsible for any adjustments to financial aid, scholarships, loans, etc., that may be affected if my request for special withdrawal is approved.
- I have completed, signed and plan to submit this checklist, along with my signed typewritten statement and supporting documentation.

Will you be requesting an appeal of tuition/fees? YES NO

If yes, you will receive a form to complete only if your Special Withdrawal Petition is approved.

If neither is checked, no appeal of tuition/fees is requested.

Statement of Acknowledgment: I hereby certify that the information provided is correct and true to the best of my knowledge. I understand that submitting fraudulent information or failure to follow specified instructions may interfere with my request and may subject me to federal and/or state penalties. I further understand that any misrepresentation of information may subject me to administrative action in accordance to the Student Code of Conduct. I hereby authorize the Records Office or appointed representative reviewing my petition access to all documentation pertaining to my request.

Student Signature: _____ Date: _____ Phone # _____