

# Physical and Financial Hardship Request Form

The purpose of the Physical and Financial Hardship Request Form is to determine eligibility for an adjustment to the student account for program withdrawals due to physical or financial hardship. Tuition credit can only be granted to incomplete programs.

STUDENT INFORMATION			
Student Name (First, Last, Middle Initial)			
Home Address	City	State	Zip
Email Address	Telephone Number		
REASON(S) FOR HARDSHIP REQUEST			
<p>Please explain your situation below.</p> <p><b>DOCUMENTATION MUST BE ATTACHED TO THIS FORM TO BE CONSIDERED.</b></p> <p><input type="checkbox"/> Serious injury or illness</p> <p><input type="checkbox"/> Chronic illness</p> <p><input type="checkbox"/> Medical issue of a family member where the student has to become a part-time or full-time caretaker of that family member</p> <p><input type="checkbox"/> Mental health condition</p> <p><input type="checkbox"/> A sudden or consistent lack of transportation issue</p> <p><input type="checkbox"/> A significant cost of living increase</p> <p><b><i>For leaves due to your own or a Family Member's Serious Health Condition, medical documentation is also required.</i></b></p> <p><input type="checkbox"/> All necessary medical documentation is attached to this form.</p> <ul style="list-style-type: none"> <li>- Letters from physicians must be on office letterhead stating the dates the student was under their care and specifically stating the student was unable to attend/participate in the program.</li> <li>- Taking care of ill or disabled family member – must provide a letter from the attending physician on office letterhead stating the dates the relative was ill and stating the student was unable to attend in order to care for their relative.</li> </ul>			
Remarks:			
CERTIFICATION			
<p>I hereby formally request a physical and financial hardship withdrawal and tuition credit as specified above. I confirm that the request is made for the purposes stated. I acknowledge that I am required to adhere to this request and provide supplementary documentation and possible interviews. I understand that any misrepresentation on this form will result in the denial of my request.</p>			
Signature:			Date:
OFFICIAL ACTION ON REQUEST			
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Reason For Disapproval:	
Director's Signature:			Date: