

OFFICE OF THE REGISTRAR WITHDRAWAL/REFUND EXCEPTION REQUEST

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Use this form to request an exception to the refund rules and withdrawal timelines.

Do Not use this form for an instructional complaint, grade dispute, degree exception, or if you received a passing grade. Submitting a request does not guarantee its approval. Please allow up to 10 business days for processing.

Student Information	
Name:	Birthdate:
Student (ctcLink) ID:	Email:
Term Information	
Quarter for request (select one): \Box	Summer
Last date of attendance:	
the quarter for which you are submitt quarter, the completed request must be	requests must be received by the last day of the quarter immediately follong the exception request. I.E, if you are requesting an exception for surfeceived by the last day of the following fall quarter. Is must be received within 1 year of the quarter you are submitting the reque
description of your request, the outcome	ent, are requesting the exception. The written statement must include a deta you are asking for, your signature and the date.
complete. The request will not be review Some examples of documentation: • Medical Condition – a severe and ability to complete the courseword Ocumentation must conclearly identify the patient Ocumentation may incluse service or a letter from a	e from a doctor, nurse, therapist, counselor, medical facility on letterhead and and the dates of illness. Ident's immediate family member. Ide a copy of a death certificate, an obituary, eulogy, or program from a member and the documentation either needs to have the student listed as a be accompanied by proof of relationship.
Any refund of tuition and/or fees may be	ne following grades only: 0.0, NC, I, W addressed by IN-5, Student Complaint Process. subject to additional regulations, i.e. federal grants, VA benefits, etc.
	agree I have read all the included information, provided my statement, and son for this Withdrawal Exception Request.
Student Signature:	Date:

1 of 1