

An involuntary withdrawal may be requested whenever there are circumstances beyond the student's control which make it impossible to complete the course(s) in progress during a given semester.

All involuntary withdrawals must include a completed Involuntary Withdrawal Form, supporting documentation based on the reason for filing an involuntary withdrawal as specified below, and a personal statement. This statement should include information on the applicable semester, course(s), reason for withdrawal, and preferred outcome. **Only complete packets will be accepted by the Office of Records and Registration.**

A withdrawal is considered involuntary if it results from one of the following situations:

a. Called to active military duty via enlistment, activation, or deployment.

The request for withdrawal must be substantiated with copies of military orders signed by the individual's commanding officer or another appropriate official to show proof of date effective. You must also receive approval from a VA Records Specialist at Montgomery College.

b. Ill health of the student or in the immediate family of the student. Immediate family includes a child, parent, spouse, or other regular member of the individual's household.

Certification must be provided by the student's or family member's attending physician stating that the student's or family member's illness requires the student's withdrawal.

Physician's note must be on professional stationery, specify dates of treatment, and clearly indicate that ill health made it impossible for student to continue enrollment in classes.

c. Death of the student or in the immediate family of the student.

Appropriate substantiation must accompany the request for withdrawal. Examples include a death certificate, notice, newspaper article, or funeral program.

Relationship to student must be clearly indicated in documentation.

d. Involuntary transfer/change in work hours by the student's employer which precludes continued attendance. Military branches of service are considered employers under this section.

A letter from the supervisor should be provided and appear on company letterhead, indicate effective date of change in work schedule, and outline new work schedule.

e. Crisis situation to include natural disasters, national crises, acts of war, government-mandated restrictions, or other incidents where there is a deemed credible risk to student's health and well-being.

Involuntary withdrawals for this reason will be reviewed on a case-by-case basis. If you have documentation that you feel would help support your appeal, you can include it with your paperwork.

If your involuntary withdrawal is approved, you may receive a pro-rated refund of tuition based on your date of withdrawal, last date of attendance, and/or effective date of your situation as documented above.

Fees are non-refundable.

If you are eligible for a full or pro-rated refund, this process may take a minimum of six weeks to complete.

**Additional information regarding tuition, fees, and refund policies may be found at
<http://www.montgomerycollege.edu/verified/pnp/45001.doc>**

Office Use Only (Initial/Date)

Fill in all sections of this form. Only complete packets will be accepted.

This appeal is for courses taken at (check applicable campuses). If more than one campus, submit the appeal to the campus where the majority of classes were taken.

Germantown Rockville Takoma Park/Silver Spring

During (check one semester and fill in the calendar year).

Fall semester Winter term Spring semester

Summer I session Summer II session

For the following classes (indicate course number and CRN, example: ENGL101, 22222).

Course Number, CRN _____ Course Number, CRN _____
Course Number, CRN _____ Course Number, CRN _____
Course Number, CRN _____ Course Number, CRN _____

Involuntary withdrawal for (check one): Call to active duty Illness Family death Transfer/change in work
Crisis situation

Name _____
First Middle Last

Student ID M- _____

Preferred phone number from 9am-5pm, Monday-Friday _____

Address _____

City _____ State _____ ZIP Code _____

MC Email Address _____ @ _____

Student Signature **Printed Name** **Date**

Are you using VA benefits? Yes No

If Yes, obtain signature below or attach MC email from your VA Certifying Official:

I have reviewed this appeal and explained to the student the effect a financial adjustment will have on the student's VA benefits.

Comments:

VA Certifying Official Printed Name Date

Are you an F-1/M-1 visa holder? Yes No

If Yes, obtain signature below or attach MC email from your International Student Coordinator:

I have reviewed this appeal and explained to the student the effect a financial adjustment will have on the student's visa status.

Comments:

International Student Coordinator Signature Printed Name Date

Did you apply for or receive Financial Aid (scholarships, loans and/or grants)? Yes No

If Yes, obtain signature below or attach MC email from the Office of Financial Aid:

I have reviewed this appeal and explained to the student the effect a financial adjustment will have on the student's estimated, pending, awarded, or paid financial aid.

Comments:

Financial Aid Officer Signature Printed Name Date