

**Great Falls College Montana State University  
Request for Special Consideration**

Complete this form to be considered for an exception to published withdrawal and refund policies. Please be specific and state your request clearly. Attach all relevant documentation (e.g., medical or legal documentation demonstrating your extenuating circumstances). Use additional sheets as necessary.

**Retroactive Withdrawals Policy:** [http://www.gfcmsu.edu/about/policies/PDF/200/211\\_1.pdf](http://www.gfcmsu.edu/about/policies/PDF/200/211_1.pdf)

Request for retroactive withdrawals past the published withdrawal deadline will be considered in only very specific circumstances: critical illness, death in family, deployment and other serious circumstances outside of the student's control. *Documentation will be required.*

Appeals regarding academic records must be addressed within three years of course enrollment. Any appeals filed more than three years after the date of last attendance will not be considered. Note: This policy applies to appeals for retroactive withdrawals and tuition refunds only.

For policy on academic performance appeals, please see the Instruction Complaint Procedures Section 300.30 of Policy 300 Student Conduct and Grievance at: <http://www.gfcmsu.edu/about/policies/PDF/300/300.pdf>

\_\_\_\_\_  
Last Name                                      First Name                                      ID#

\_\_\_\_\_  
Street Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Phone                                      E-mail Address

Term of appeal:    Fall \_\_\_\_\_       Spring \_\_\_\_\_       Summer \_\_\_\_\_

Subject	Course No	Section	Title

Course(s) for which you are requesting a refund:

Subject	Course No	Section	Title

CONTINUED ON NEXT PAGE:

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**Explanation:**

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Student's Signature

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Date

For Office Use:

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Appeal Approved

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Registrar's Signature

Date

Appeal Denied

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Registrar's Signature

Date