## **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: <a href="http://www.gfcmsu.edu/about/policies/PDF/200/211">http://www.gfcmsu.edu/about/policies/PDF/200/211</a> 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 ID# Last Name First Name Street Address City State Zip E-mail Address Phone Term of appeal: ☐ Fall ☐ Spring ☐ Summer Section Title Subject **Course No** Course(s) for which you are requesting a refund: Section Title Subject **Course No** 

CONTINUED ON NEXT PAGE:

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Explanation:			
Student's Signature		Date	
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For Office Use:			
☐ Appeal Approved		 	_
	Registrar's Signature	Date	
☐ Appeal Denied	Registrar's Signature	  Date	_