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

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: <u>http://www.gfcmsu.edu/about/policies/PDF/300/300.pdf</u>

Last Name	First Name	ID#		_	
Street Address	City	State	Zip		
Phone		E-mail Address			
Term of appeal: \Box Fall_	D Spring	🗆 Summer			

Course(s) for which you are requesting a retroactive Withdrawal:

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:			
		the information that I have provided is a	ccurate.
Student's Signature		Date	
Return form to: GFC MSU Reg	;istar's Office, 2100 16 th Ave S, Gre	at Falls, MT 59405 or FAX to: 406-771	-4329
Please allow 2-4 weeks for pr	ocessing and review.		
For Office Use:			
Appeal Approved			
	Registrar's Signature	Date	-
Appeal Denied			
	Registrar's Signature	Date	-