PETITION FOR HARDSHIP WITHDRAWAL
Office of Student Life/Dean of Students Office
Email: student.life@wwu.edu ■ Phone: (360) 650-3706

Name_________________________ Student ID Number W-________________

Mailing Address_________________________ Zip________________

City/State_________________________ Western Email _______________________ 

Phone Number_________________Who Referred You? □ Student □ Faculty_________________ □ Staff_________________

Do you receive Veteran benefits? □ Yes □ No

Do you currently live in on-campus housing? □ Yes □ No

If Yes, Building Name and Room Number_________________

I am requesting a: [ ] FULL HARDSHIP WITHDRAWAL (from all classes) 
[ ] PARTIAL HARDSHIP WITHDRAWAL (from one or more, but not all, classes) 

For the following: QUARTER_________________ YEAR 20____________

What was the last date you attended class(es)? __________________ (if still attending, put today’s date)

When are you planning to return to Western? QUARTER_________________ YEAR 20____________

If you are requesting a PARTIAL WITHDRAWAL, list the course number, CRN, and Professor for each class from which you would like to withdraw (do not complete this section if you are requesting a full withdrawal). 

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<th>Course</th>
<th>CRN</th>
<th>Professor</th>
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You MUST attach your personal statement and completed care provider verification (for illness/injury) or other appropriate documentation (for significant personal emergency).

Student’s Signature_________________ Date _____________

This space is reserved for official use only

Petition: RECEIVED in OSL (date & initials)_________________ 
GRANTED (date)_________________ DENIED (date)_________________

Staff Signature_________________ Care Report Written (date)_________________
Student Notified Via Email (date)_________________ Resident Life Notified (date)_________________

Other Notes
LDA’s sent: (date(s))_________________

CASAS □ CG □ CR □ DIF □ DIS □ I/I □ MH

Registrar’s Office and the Student Business Office Notified (date)_________________

Revised 4/2020