

OFFICE OF THE REGISTRAR WITHDRAWAL/REFUND EXCEPTION REQUEST

greenriver.edu/enrollment | 288-3383 | RegistrarsOffice@greenriver.edu | fax (253) 288-3454

Students may request exception to [withdrawal rules and refund policy](#) (i.e.: removal/refund, late withdraw, etc.) due to emergency extenuating circumstances. All requests must be in writing and accompanied by official supporting documentation (see details below). Requests may be made for the following grades only: 0.0, I, NC, W (details on page 2). Academic and Instructional Complaints are addressed in [IN-05](#).

Request submission requirements:

For removal of class(es) and refund, request must be received by the end of the following quarter.

For withdrawal (no refund), the request must be received within one calendar year of the quarter in question.

Directions

1. Include all of the following:

Withdrawal/Refund Exception Request form (this page)

Written statement explaining the emergency extenuating circumstance involved (example/template on page 2)

Official supporting documentation including dates during the quarter for request

Medical: A single visit to a doctor's office does not constitute an emergency extenuating circumstance.

Military: Military orders for activation or deployment

Emergency: Third party documentation, i.e. letterhead document from a counselor, instructor/advisor letter, etc.

Bereavement: Death certificate, obituary or eulogy naming the student as a surviving family member

Housing/Food Insecurities: Letter/email from Green River Benefits Hub, shelter staff, etc.

2. Submit request to the appropriate office. Allow 10 business days for researching and processing of request. A response will be sent to your Green River student email address.

Requests due to an ongoing medical condition should be submitted to Disability Support Services (DSS). Students are urged to contact DSS for qualification of accommodations.

All other requests should be submitted to the Office of the Registrar.

Reason for Request (select all that apply)

Student Medical

Military

COVID-19

Housing/Food Insecurities

Family Medical

Family Emergency

Bereavement

Other

Requested Outcome (select one)

Removal of class(es) and refund

Late withdrawal of class(es)

Student Information

Name: _____ Date: _____

Student ID: _____ Phone: _____

Address: _____

Street

City

State

Zip

Quarter for request (select one):

Summer

Fall

Winter

Spring

Year: _____

