SOUTHWEST
TENNESSEE COMMUNITY COLLEGE

REQUEST TO WITHDRAW FROM SCHOOL OR DROP A CLASS

❑ TN Promise ❑ TELS/HOPE

PRINT Name_____ SSN (last four digits) _____ Banner ID_____

Address_____ City_____ ST_____ZIP_____

E-mail Address _____@southwest.tn.edu

A request to withdraw from school or class for the _____ 20___ semester is necessary because of:

❑ Illness ❑ Call to Military Duty ❑ Work Schedule ❑ Other _____

At least one of the following forms of documentation MUST be provided with this form. YOUR REQUEST WILL BE DENIED IF DOCUMENTATION IS NOT ATTACHED.

1. A statement from your employer verifying an unexpected change in work schedule or unexpected out-of-town travel AFTER the first day of class
2. Legal documentation which will verify your explanation
3. Medical statement with dates of illness, that verify your illness
4. Documentation verifying you, your spouse, your child, your father, or your mother was called to Active Military Duty during the school term

Please provide a written or typed statement explaining your situation:

_____

_____

_____

_____ _____

Student Signature Date

TENNESSEE'S COMMUNITY COLLEGES

0111524 NEW 16245

Southwest Tennessee Community College is an AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its program and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director of Human Resources and Affirmative Action, 737 Union Avenue, Memphis, TN 38103, (901) 333-5760.