

# 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:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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