

OZARKS TECHNICAL COMMUNITY COLLEGE

APPLICATION FOR HARDSHIP WITHDRAWAL

Overview:

Hardship withdrawals may be granted to a student who experiences non-academic emergencies which interfere or prevent the completion of his/her coursework. Typically, hardships (non-academic emergencies) tend to fall into one of three categories: medical, personal, and financial. Hardship withdrawals are not granted unless there is a compelling reason for such requests. If you are requesting a hardship withdrawal, you must clearly explain in writing how and/or why your non-academic emergency impacted your studies. The Academic Review Committee will be very selective in granting hardship withdrawals.

Hardship Withdrawal Conditions

Students may be granted hardship withdrawals when non-academic emergency situations occur which prevent the completion of course work (e.g., severe medical problems, traumatic events/circumstances that cause them to miss numerous classes). A hardship withdrawal applies to one semester only.

Hardship withdrawals are subject to the following restrictions:

1. Students are not eligible for hardship withdrawals in any course in which they have completed the course requirements (e.g., taking the final exam or submitting the final project).
2. Students must apply no more than four weeks into the following semester including the summer semester. This applies whether or not the student is enrolled in the next semester.

Students seeking hardship withdrawal must submit the following to the Office of the Registrar:

1. A completed application
2. A written personal statement of hardship
3. Required supporting documentation
4. What specific classes are you appealing
5. How long did you attend classes

The Office of the Registrar will present the materials listed above to the Academic Review Committee. The committee will review the application and notify the student in writing of its decision within 30 days after the committee meets.

I have read and understand the above conditions and agree to abide by them. I give my permission for the Registrar and the Academic Review Committee to review my OTC academic transcript.

Student Signature _____ Date _____

Return this application, your personal statement of hardship, and your required documentation to the Office of the Registrar/Student Services 1001 East Chestnut Expressway, Springfield, MO 65802

Print the following information.

DATE OF REQUEST: _____ WHAT SEMESTER ARE YOU APPEALING? _____

NAME: _____ STUDENT ID #: _____

HOME ADDRESS: _____
Address City State Zip

PHONE NUMBER: _____

Committee's Comments:

Approval

Date

Non-Approval

Date