

# Ozarks Technical Community College

## Application for Hardship Withdraw

### **Overview:**

Hardship withdrawals may be granted to a student who experiences non-academic emergencies which interfere or prevent the completion of his/her course-work. 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 Withdraw 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 may only be approved for one semester. Subsequent applications will not be considered.

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.
3. Students will be responsible for all tuition and fees.

### **Application:**

Students seeking hardship withdrawal must submit the following to the Office of the Dean of Students (Fax to 417-447-6906 or deliver to Student Services):

1. A completed application
2. A written personal statement of hardship, detailing circumstances that prevented completion of coursework or prevented a traditional withdrawal from classes prior to the deadline
3. Required supporting documentation (see Hardship Withdrawal webpage for details)
4. A list of specific classes from which you are requesting to be withdrawn.
5. Last date of class attendance for each class

*The Office of the Dean of Students 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 Dean of Students and the Academic Review Committee to review my OTC academic transcript.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print the following information.

LIST SEMESTER & SPECIFIC CLASSES \_\_\_\_\_

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

Committee's Comments:

Approval

Date

Non-Approval

Date

### **Office Use Only**

Courses:

Withdrawn:

Date: