Emergency Updated Form - COVID-19

SLCC™
SOUTH LOUISIANA COMMUNITY COLLEGE

Withdrawal Form
Administrative or Late Administrative

Use blue or black ink and **PRINT** clearly. Semester: **Fall** ☐ **Spring** ☐ **Summer** ☐ **Year**_____

Student Name (Last, First, Initial) Student ID # (LoLA):

Phone Number (____ ____ ____) ____ ____ ____ - ____ ____ ____ ____ ☐ Continuing ☐ New (or Returning)

Student Email: _____

CRN (e.g., 11315)	**Course Name / Number** (e.g., Algebraic Foundations/Math 0083)	**Type of Withdrawal**
		☐ ***Administrative:*** Withdrawal of a student from a course, or courses, at any time for just cause, including for financial and disciplinary reasons, and under extenuating circumstances ☐ ***Late Administrative:*** Students who experience serious extenuating issues (medical, impacts from natural disasters, severe family circumstances, etc.) after the last day for student–initiated withdrawal. Attach all supporting documentation for first three items on checklist below. ☐ ***Administrative Drop (Spring or Yearlong courses):*** ONLY an option for Dual Enrolled High School Students – the course(s) will be removed from the student's transcript.

Student Checklist:

- ☐ Student must indicate the reason for needing the "W" grade:

Conditions and Reasons caused by COVID-19		*Conditions and Reasons **NOT** caused by COVID-19*	
☐ Course(s) too difficult for remote learning	☐Sickness	☐ Major accident/injury	☐ Sickness
☐ Housing or Food Insecurity	☐ Job Loss	☐ Childcare/Family/Obligations	☐ Job Loss
☐ Computer Access	☐ Internet Access	☐ Housing or Food Insecurity	☐ Other
☐ Childcare/Family/Obligations			

- ☐ I am aware that **Late Withdrawals** must be for ALL courses in the requested term. Incomplete contracts ("I-grade") must be considered if circumstances are not severe enough to affect all courses in the term and/or the length of the entire term.
- ☐ I am aware that withdrawal(s) may impact financial aid.

_____ _____
Student Signature (required for Late Administrative Withdrawal and Drop) Date

_____ _____
Dean of Student's Program/Degree Plan OR Director of Dual Enrollment Date

For Office Use Only:

_____ _____ _____
Student Accounts (if applicable) Refund CODE Date

_____ _____
Registrar's Office Date

ROCC042020

Deadline for this form is May 12, 2020