



## Special Consideration Request

To: Dean of Student Services

From: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Student Name)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subject: Request special consideration for semester and year: \_\_\_\_\_  
(Fall, Spring, Summer)

I am requesting that you consider the following (i.e., medical withdrawal, tuition credit, etc.):

\_\_\_\_\_

The following documentation must be submitted in order for the request to be reviewed:

1. Students experiencing health or emergency medical problems preventing them from continuing with course work need to **submit a letter on letterhead from their physician** explaining that they are unable to continue the coursework for a specified period of time due to the medical condition. Specific dates are required. **A note on a prescription pad is not sufficient.** Requests not based on medical conditions must include third-party documentation.
2. Completed Special Considerations Form.

**Requests missing any of the above documentation will be denied.**

Please provide a detailed explanation so the committee will thoroughly understand your request. (**Attach additional pages if necessary**)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

All requests for medical withdrawals and tuition credit will be approved or denied based on the circumstances involved and the supporting documentation from the attending physician. Medical withdrawals must be submitted prior to the end of the semester in which the student wishes to withdraw from WCCC.