

Hardship Withdrawal Request

Please complete all three sections of the form. Incomplete requests will not be processed. You will be notified by your OFTC student email of the decision. Submit the completed form and all documentation to Registrar@oftc.edu.

Section I

First Name: _____ Last Name: _____

Student ID#: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

OFTC Email: _____@student.oftc.edu

Term: Fall _____ Spring _____ Summer _____ Date of Hardship: _____

Section II

Please select the type of Hardship Withdrawal you are requesting. To process your request, you must provide supporting documentation.

- Medical:** Hospitalization, critical illness, or other medical related reasons
- Personal:** Illness or death of immediate family member, loss of home due to fire, other personal disaster, etc.
- Extended Jury Selection:** Selected for jury duty that last more than 3 days
- Incarceration:** Incarcerated for 3-10 days

Section III

By signing this form, you understand that you will be withdrawn from ALL registered courses for this term with the exception of courses that have already ended. You understand that it is your responsibility to contact the Financial Aid Office to determine if your eligibility will change. You may contact Financial Aid by emailing FinancialAid@oftc.edu.

Student Signature: _____ Date: _____

If the student is physically/mentally incapable of completing the Hardship Withdrawal process, the student's parent, guardian or next of kin may act on behalf of the student provided they provide proof from a licensed physician.

Signature: _____ Date: _____

For Office Use Only:

Date Submitted: _____		Documentation Received: Yes No	
Decision	Approved.	Denied	Total Withdrawal Entry Date: _____
			Student Notification Date: _____