



LATE WITHDRAW REQUEST

Return to: DeanofEnrollmentServices@icc.edu or
Enrollment Services, 1 College Drive, East Peoria IL 61635.
If you have any questions, you may call (309) 694-5323.

Withdrawal from courses after the end of semester will be allowed only when justified by unforeseen, serious and extenuating circumstances outside the student's control.

Please refer to the Late Withdraw Requests Policy and Procedure before completing this form.

Student ID Number	Last name	First Name	MI	Phone
Address		City	State	Zip

The affected courses were during the:
 FALL SPRING SUMMER semester of _____
(Please check one) *(year)*

The following courses were affected:

Subject/Number:	Class #:	Instructor
<i>Example: ENG 110</i>	<i>2866</i>	<i>Mr. Smith</i>

Reason for Request:

Extended illness/hospitalization of student or immediate family member

Death of an immediate family member

Legal issues

Other

The following information is required to submit your request. Please check to confirm it is included:

Supporting documentation is included

Typed or neatly handwritten explanation is included

Please see the Late Withdraw Requests Policy and Procedure for more information on supporting documentation and the typed/written explanation.

I hereby certify that the information provided is accurate and true. I, the student, have completed this request and included a written explanation (neatly written or typed) and supporting documentation. I understand the decision is final.

Student Signature _____ **Date** _____

*The request will be reviewed by the Dean of Enrollment Services for recommendation/approval.
The final decision will be communicated to you via official communication from the Dean of Enrollment Services.*

FOR OFFICE USE ONLY:

Comments:

Signature: _____
Dean of Enrollment Services