PETITION FOR EXCEPTION TO POLICY CHECKLIST

Student Name: ________________________________________________

Student Identification Number: __________________________________

Quarter Petitioning: ____________________________________________

Date: _________________________________________________________

Please submit the following documents to reach a determination regarding your Petition for Exception to Policy

REQUIRED DOCUMENTATION:

☐ Completed Petition for Exception to Policy

SUPPORTING DOCUMENTATION:

☐ Health Provider documentation

☐ Death certificate, obituary notice or news clipping naming student as relative of the deceased

☐ Military orders showing effective date of deployment

☐ Written statement (on official letterhead) or email from the SSC instructor or department explaining how the institution was in error

PLEASE NOTE:

- It is the student’s responsibility to be familiar with college polices.
- Petitions are reviewed and processed weekly by the Registration Petition Committee after all information and required documentation has been received.
- The student will be notified by email of the Committee’s decision within 48 business hours unless additional information or clarification is required.

Petitions must be filed by the last day of the quarter following the quarter in which the charge was assessed.
PETITION FOR EXCEPTION TO POLICY

NAME________________________________________ PHONE# (______)________________ SID#____________________

EMAIL ADDRESS___________________________________ QUARTER PETITIONING________________ YEAR ___________

COURSE ID and ITEM # (Example: Math 116, Item # 9879)

(1) _______________________________________ (2) __________________________________

(3) _______________________________________ (4) _______________________________________________

SEE REVERSE FOR APPROVED CIRCUMSTANCES

CHECK ALL THAT APPLY:

 MEDICAL/DEATH   CALL TO MILITARY DUTY   NEW STUDENT   INSTITUTIONAL ERROR

Please explain and attach appropriate supporting documentation, including what action you are requesting consideration of:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

__________________________________________       _______________________________       ____/____/_____

STUDENT’S SIGNATURE DATE PETITION RECEIVED (STAFF INITIALS) DATE

NOTE: Please print and review the following Financial Aid documents at http://www.southseattle.edu/financial-aid/forms.aspx:

*Conditions of Award   *Satisfactory Academic Progress Requirements
*Return of Title IV Aid Repayment Policy   *State Need Grant Repayment Policy

I have brought these documents to the Financial Aid office as verification that I have read and understand them and that the Petition for Exception to Policy DOES NOT override federal and/or state repayment requirements. I understand that as a result of this petition, I may owe a repayment of financial aid funds.

________________________________________                               _______________________________

Student Signature/Date                     Financial Aid Staff Signature/Date

REGISTRAR SECTION

COMMENTS: __________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

 APPROVED   DENIED   DO NOT BACK DATE   BACK DATE TO ______________________

REFUND AT  100%   50%   N/A

______________________________________________________________ _______________________

REGISTRAR SIGNATURE DATE

Registration Forms - Revised 3/22/17 - G:/Registration/FORMS AND LETTERS/PETITIONS/Exception Student Packet
South Seattle College does not discriminate on the basis of race, color, creed, national origin, sex, disability, age, honorably discharged veteran or military status, or sexual orientation.
PETITION FOR EXCEPTION TO POLICY

Pursuant to RCW 28B.15.605*, “the governing boards of community colleges and technical colleges may extend the refund or cancellation period for students who withdraw for medical reasons and shall adopt policies that comply with RCW 28B.10.270 for students who are called into the military service of the United States.” Petitions for Exception to Policy will be considered on a case-by-case basis. Petitions are reviewed and processed weekly by the Registration Petition Committee after all information and required documentation has been received. The petition, with complete documentation, must be submitted by the last day of the quarter following the quarter in which the charge is assessed. It is the student’s responsibility to be familiar with college policies.

Approved Circumstances:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Qualifications</th>
<th>Required Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical Disability</td>
<td>Illness of such severity or duration that completion of the quarter is not possible</td>
<td>Health Provider documentation</td>
</tr>
<tr>
<td>B. Death</td>
<td>Death of the student or member of the immediate family (parent, spouse/domestic partner, child, sibling)</td>
<td>Death certificate, obituary notice or news clipping naming student as relative of the deceased</td>
</tr>
<tr>
<td>C. Call to active US military duty</td>
<td>Call to active military duty after the 7th day of the quarter</td>
<td>Military orders showing effective date of deployment</td>
</tr>
<tr>
<td>D. New Student</td>
<td>Only the first quarter of attendance at South</td>
<td>A completed Petition for Exception to Policy</td>
</tr>
<tr>
<td>E. Institutional Error</td>
<td>Student incorrectly advised by South Seattle College representative</td>
<td>A written statement (on official letterhead) or email from the South Seattle College instructor or department explaining how the institution was in error</td>
</tr>
</tbody>
</table>

NOTE: The student will be notified by email of the Committee’s decision within 48 business hours, unless additional information or clarification is required.

*RCW 28B.15.605

Refunds or cancellation of fees — Community colleges and technical colleges.

(1) The governing boards of the community colleges and technical colleges shall refund or cancel up to one hundred percent but no less than eighty percent of the tuition and services and activities fees if the student withdraws from a college course or program before the sixth day of instruction of the regular quarter for which the fees have been paid or are due. If the student withdraws on or after the sixth day of instruction, the governing boards shall refund or cancel up to fifty percent but no less than forty percent of the fees provided such withdrawal occurs within the first twenty calendar days following the beginning of instruction. However, if a different policy is required by federal law in order for the college to maintain eligibility for federal funding of programs, the governing board may adopt a refund policy that meets the minimum requirements of the federal law and the policy may treat all students attending the institution in the same manner.

(2) The governing boards of the respective community college or technical college shall adopt rules consistent with subsection (1) of this section for the refund of tuition and fees for the summer quarter and for courses or programs that begin after the start of the regular quarter.

(3) The governing boards of community colleges and technical colleges may extend the refund or cancellation period for students who withdraw for medical reasons and shall adopt policies that comply with RCW 28B.10.270 for students who are called into the military service of the United States. [2004 c 161 § 3; 1995 c 36 § 2.]
# Health Care Provider Verification Form

## Petition to Exception of Policy

**INSTRUCTIONS TO THE HEALTHCARE PROVIDER:**

In order to consider a Petition for Exception to Policy, South Seattle College requires documentation from a licensed Health Care Provider verifying a current condition that prevents the student from attending the College during this quarter.

Please provide the following information along with a business card or a sheet of letterhead paper after the student/patient has completed the release consent at the bottom of this form.

**RETURN THIS FORM TO:**

South Seattle College
Office of the Registrar
4RSB043
6000 16th Avenue SW
Seattle, WA 98106-1499

<table>
<thead>
<tr>
<th>Name of Student/Patient:</th>
<th>Patient’s Student Identification Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description of Student/Patient’s condition and how it prevents the student from attending the College this quarter. (Attach additional sheets as necessary.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of first visit:</th>
<th>When did you last examine the student?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that, in my professional opinion, ________________________________ is currently unable to attend South Seattle College during _______________(quarter) of ____________ (year) due to the medical conditions described above.

Health Care Provider Signature: ________________________________

Health Care Provider’s name, printed: ________________________________

**CONSENT TO RELEASE MEDICAL INFORMATION**

I, ________________________________, give my permission for my Health Care Provider to release information to South Seattle College concerning my physical condition as it relates to my request for a Petition for Exception to Policy.

Signature of Student ________________________________ Date ________________________________

Signature of parent/guardian (if student is under the age of 18) ________________________________ Date ________________________________