



# Leech Lake Tribal College

## Compassionate Withdraw Policy

### Compassionate Withdraw Policy

The purpose of the Compassionate Withdraw is to allow a student to currently or retroactively withdraw from their course(s) due to extraordinary compassionate circumstances. Upon approval, the compassionate withdraw waives academic penalties that would occur otherwise, for example academic probation or suspension. As a result, improves student Grade Point Average.

The student will, however, remain responsible for all tuition/fees incurred for those courses and remain on prior academic status upon return to Leech Lake Tribal College; for example, if the student has returned from an Academic Suspension and must complete the six credits, according to the Academic Suspension Policy, this requirement must be met prior to returning as a full time student.

Usually, consideration is for a complete withdrawal from all courses. All applications for withdrawal require thorough and credible documentation; however, applications for less than a complete withdrawal must be especially well documented to justify the selective nature of the partial medical/compassionate withdrawal.

The Academic Advisor will determine if the student is eligible to request a Compassionate Withdraw. If so, initiate the process. The advisor will use the following guidelines to determine if the student is eligible:

Request for Medical Withdraw must be accompanied by a doctor's or hospital statement/records.

- The following requests will be approved:
  - Severe medical complications or surgeries that prevent the student from attending
  - Pregnancies with complications
  - Medical conditions due to domestic abuse
  - Others on a case by case basis
- The following requests will not be honored:
  - Healthy pregnancy (without complications) – students should plan ahead, they do have the option of making up Incompletes

Request for Compassionate Withdraw must include a statement from the student.

- The following requests will be approved as “compassionate” withdraw:
  - Death in the family (parents, siblings, grandparents, aunts, uncles, cousins)
  - Homelessness due to eviction or house disaster
  - Domestic Abuse
  - Emergency Relocation (event unforeseen, deployment, domestic abuse)
  - Others on a case by case basis
- The following requests will not be honored as a “compassionate” withdraw:
  - Incarceration (jail or prison) – we shouldn't reward students for breaking the law
  - Financial hardship – students should be aware of the costs involved with attending college (tuition/fees, commuting to/from, rent, etc.)

The Dean of Academics has final approval of Compassionate Withdraw requests.

- The student must submit a signed, dated copy of this to the Registrar's Office by fax, mail, or in person; withdrawal is not accepted by telephone or e-mail. A student incurs tuition liability according to the date in the term by which the completed medical withdrawal form is received by the Registrar's Office (postmark date or date/time mark on fax). Approval of withdraw will result in a notation of “WC” on the Official Transcript; as a result, improve student grade point average. If you are receiving financial assistance, you are strongly encouraged to consult with a Financial Aid to identify and understand the financial aid and monetary implications of processing this withdrawal transaction. LLTC limits the number of Medical/Compassionate withdrawals over the course of a degree program. Multiple requests for the same circumstances using the same documentation will not be approved.



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## Compassionate Withdraw Form

Please check one:

- Medical Withdraw:** To withdraw from courses due to a medical condition, as certified by a licensed medical doctor, the form must be accompanied by a medical doctor's certification – on that doctor's letterhead or pre-printed stationary – stating that the medical condition prevents a student from continuing their classes, and incompletes or other arrangements with the instructors are not possible.
- Compassionate Withdraw:** This form must be accompanied by credible documentation appropriate to the situation or a statement written and signed by the student.

Student Information			
Name (Last, First, MI)			
Address	City	State	Zip
Phone Number (indicate home, work or cell)	E-mail		

Withdraw Courses		
Semester & Year	Course Number	Course Title

I request medical/compassionate withdrawal as indicated above and supported by the attached documentation. Permission is granted to contact any of the documentation/information providers. I confirm that information provided is accurate and complete, and I understand that falsification may result in disciplinary action up to and including suspension or expulsion from the college. An approved medical/compassionate withdraw cannot be reversed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>Registrar signature &amp; date: _____</p> <p>Dean of Instruction: <input type="checkbox"/> Approved <input type="checkbox"/> Denied; reason:</p> <p>_____</p> <p>_____</p>
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