

ELIM Outreach Training Center

Physical or Financial Hardship Withdrawal Policy

If a student is unable to successfully complete his or her courses due to documented financial, physical, or mental health reasons, he or she may request a hardship withdrawal through the Office of the Registration.

Students may request a hardship withdrawal when the emergency or situation that they are experiencing makes it impossible for them to continue in the course(s) for which they are currently enrolled in.

Examples of physical or financial hardship shall include, but are not limited to:

- Serious injury or illness.
- Chronic illness.
- Medical issue of a family member in which the student has to become the part-time or full-time caretaker of that family member.
- Mental health condition.
- Sudden or consistent lack of transportation, which impedes the student's ability to attend class.
- Significant cost of living increase

Before requesting a physical or financial hardship withdrawal, students need to understand the following:

- Student must fill out a withdrawal form. (Please contact the registration office)
- As a general rule, students are not eligible for hardship withdrawals in courses in which they have completed the course requirements (e.g., sat for the final exam)
- Hardship withdrawals are processed according to the last date of class attendance.
- A student receiving financial assistance should contact their career coach for advice before completing the withdrawal form.

Please note: There will be NO REFUND ISSUED, however credit will be issued when the student is able to return or retake the class.

Students experiencing physical or financial hardship who wish to appeal tuition charges and/or fees are encouraged to complete this form. **Supporting documentation related to physical or financial hardship is required.**

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STUDENT WITHDRAWAL FORM

I understand that by completing this form I am withdrawing from a class at the ELIM Outreach Training Center,

Students Name _____	Students ID # _____	Last 4 SS# _____
Students Address _____	City _____	State _____ Zip _____
Students Phone Number _____	Cell Number _____	
Students Date of Enrollment _____	Expected End Date _____	
Tuition Cost _____	Tuition paid to date _____	Registration Fee _____
Book(s) Fee _____	Lab Fees _____	
Total number of days in class and clinical _____	Amount due to student \$ _____	
Amount due school _____	_____, School Official Officer	

Please see your student catalog under Refund Policy.

_____, as of _____
Name of Course Date of withdrawal

Please complete the questionnaire:

Do you plan to re-enroll at ELIM? _____ Yes _____ No

If yes when: Term _____ Fall _____ Spring _____ Summer _____ Year

Please indicate the major reason for your withdrawal : please check one

- _____ Academic failure or not doing as well academically as you wanted.
- _____ Because schoolwork is interfering with work schedule.
- _____ Change in career objectives
- _____ Financial difficulties
- _____ Illness
- _____ Physical or Financial Hardship Withdrawal (please provide documents of support)
- _____ Other: _____

Student's Signature _____ Date _____