



## HARDSHIP WITHDRAWAL REQUEST FORM

The Illinois Hardship Withdrawal Policy may be applied when a student seeks to withdraw from First Institute based on one of the hardship reasons listed below and when the student's withdrawal occurs after the 100% tuition refund date has passed. A student who lives in Illinois or who attends an academic program in Illinois who faces a severe financial or physical hardship may be considered for hardship withdrawal. Types of hardship are:

- serious injury or illness of the student;
- chronic illness of the student;
- a serious medical issue of a family member (spouse or partner, child, parent or guardian, grandparent, or sibling) for which the student is a part-time or full-time caretaker of that family member;
- a mental health condition of the student;
- a sudden or consistent lack of transportation that prohibits student presence in class; and
- a significant, non-elective cost of living increase for the student.

To request an Illinois hardship withdrawal, complete and submit this form with clear, complete documentation proving the severe financial or physical hardship. Supporting documentation is required.

### STUDENT INSTRUCTIONS:

1. Complete this form, including the reason for hardship withdrawal.
2. Attach clear, legible documentation proving severe financial or physical hardship.
3. Submit the signed form and documentation to: [studentservices@firstinstitute.edu](mailto:studentservices@firstinstitute.edu)

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

STATE OF RESIDENCE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

START DATE: \_\_\_\_\_

### CURRENT ENROLLMENT (check one)

I plan to **complete** the courses I am enrolled in before withdrawal

OR

I plan to immediately **withdraw** from my current courses

I wish to withdraw from school. My last date will be: _____	
<b>REASON FOR WITHDRAWAL:</b> <input type="checkbox"/> Serious Injury or Illness <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Mental Health Issue <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Cost of Living Increase <input type="checkbox"/> Caretaker of Family Member with Serious Medical Issue	

### Please read and sign below:

*"I understand that I am responsible for returning the school Chromebook with charger and for fulfilling all financial obligations to the institution as outlined in the First Institute Catalog. I understand that withdrawing from the institution means that I will no longer have access to electronic resources, including FI-Moodle and my school email account."*

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>II. OFFICE OF THE REGISTRAR:</b> <input type="checkbox"/> Official Withdrawal <input type="checkbox"/> Unofficial (Administrative) Withdrawal-indicate reason in comment section Signature: _____ Date: _____	
<b>III. FINANCIAL AID</b> Comment: Balance Due? <input type="checkbox"/> No <input type="checkbox"/> Yes (Amount: _____ )      Signature: _____      Date: _____	
<b>FOR USE BY THE OFFICE OF THE REGISTRAR</b>	
DOD: _____      LDA: _____      NSLDS WDRWL: _____	Processed by: _____      Course(s) Unregistered: _____      Grade Assigned: _____ Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> W <input type="checkbox"/> F
Week: _____ Refund %: _____	