

## Hardship Withdrawal Request Form - Illinois Residents Only

The Illinois Hardship Withdrawal Policy may be applied when a student seeks to withdraw from RRFC based upon 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 faces severe financial or physical hardship may be considered for a hardship withdrawal. Types of hardships are:

- serious injury or illness of the student;
- chronic illness of the student;
- a serious medical issue of a family member (spouse, parent or guardian, child, 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 a student presence in their externship session; or
- a significant, non-elective cost of living increase for the student.

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

### STUDENT INSTRUCTIONS:

1. Complete this form, including the reason for your hardship withdrawal.
2. Attach clearly legible documentation providing severe financial or physical hardship.
3. Submit the signed form and documentation to your academic facilitator, director of academics or institutional director.

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

STATE OF RESIDENCE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

<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"/> Lake of Transportation	<input type="checkbox"/> Cost of Living Increased	<input type="checkbox"/> Caretaker of Family Member with Serious Medical Issue	

Please read and sign below:

"I understand that I am responsible for fulfilling all financial obligations to the school as outlined in the Enrollment Agreement." I understand that withdrawing for the school means that I will no longer have access to electronic resources.

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

### FOR OFFICE USE ONLY

Academic Facilitator:	Signature:	Date:
Director of Academics	Signature:	Date:
Institutional Director	Signature:	Date: