

Montana State University – Great Falls College of Technology
Request for Special Consideration

Complete this form to be considered for an exception to published withdrawal and refund policies. Please be specific and state your request clearly. Attach all relevant documentation (e.g., medical or legal documentation demonstrating your extenuating circumstances). Use additional sheets as necessary.

Last Name	First Name	ID#	
Street Address	City	State	Zip
Phone	E-mail Address		

Term of appeal: Fall _____ Spring _____ Summer _____

Course(s) for which you are requesting a withdrawal:

Subject	Course No	Section	Title

Course(s) for which you are requesting a refund:

Subject	Course No	Section	Title

Explanation:
