



UNIVERSITY OF WASHINGTON EXTENSION
PETITION FOR SPECIAL CIRCUMSTANCES

Quarter _____ Year _____

Extension _____
 Student ID # _____

Mail completed form to: UW Extension Student Records, 4311 11th Ave. N.E., Suite 100, Seattle, WA 98105; 685-6425.

Name (last) (first) (middle)			Date
Signature		Social Security--(optional)* or UW Student Number	
Address			Daytime Telephone Number
City	State	ZIP	Evening Telephone Number

*For purposes of the new Hope and Lifetime Learning tax credits, federal law (section 6109 of the Internal Revenue Code) requires the University to obtain your Social Security number.

This petition is to:	(State specific course information)
<input type="checkbox"/> Add after deadline	
<input type="checkbox"/> Register after deadline	
<input type="checkbox"/> Drop after deadline	
<input type="checkbox"/> Withdraw after deadline	
<input type="checkbox"/> Waive late fees	
<input type="checkbox"/> Request refund	
<input type="checkbox"/> Change to / from audit	
<input type="checkbox"/> Change to / from S/NS	
<input type="checkbox"/> Multiple course request	
<input type="checkbox"/> Other:	

Reason: (Use back of the form or additional paper if necessary. Provide necessary verification or documentation to support your request, i.e., physician's letter, instructor's signature, etc.)

THIS SPACE RESERVED FOR COMMITTEE ACTION