



## Medical Withdrawal and Refund Request

Use this form if you wish to submit a paper copy and documentation to Student Central in person or using U.S. mail or other delivery service. To submit an online version of this form and attach a copy of your documentation please click [HERE](#).

First Name  Last Name

Student ID Number  Year/Quarter for Request

Provide a description or explanation of the medical situation you or your family member encountered. If you need additional space, please attach an additional page.

If you are asking for a partial withdrawal and refund, please indicate the reason you were able to complete part of your classes versus all of your classes.

Print, sign and submit this form along with your medical documentation to Student Central, located in the lobby of Building B, or mail this form and documentation to:

Student Central, B125  
Bellevue College  
Landerholm Circle, SE  
Bellevue, WA 98007

Certification:

I am asking for a medical withdrawal and refund for the quarter indicated above. I certify the information included in this appeal is accurate.

Signature  Date