GEORGIAN COURT UNIVERSITY
THE MERCY UNIVERSITY OF NEW JERSEY

Office Use Only

☐ Approved

☐ Denied

OFFICE OF THE REGISTRAR

Request for an Extenuating Circumstance Form

(To accompany the Request for Grade of "W" Form or Leave of Absence Request

NAME: _____ ID#: 000 - _____

YEAR: _____ TERM: _____ SESSION: _____

☐ All classes for the semester ☐ Specific classes (please list): _____

☐ I wish to request Extenuating Circumstance grade(s) for the following reason:

_____

_____

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_____

☐ I have included documentation to support the above stated hardship

NOTE: Your request will be reviewed by the Provost and Registrar. You will be notified within 1 week.

SIGNATURE: _____ DATE: _____

Please contact me via _____ at _____