**Report of Mitigating Circumstances**

***Please print clearly.***

| Name: |  |  |  |
| --- | --- | --- | --- |
|  | Last | First | M.I. |

| Student ID Number: |  | Email Address: |  |
| --- | --- | --- | --- |

| Telephone Number: |  | Program: |  |
| --- | --- | --- | --- |

***Part A: Please fill in the information for each course you withdrew from.***

| **Course Subject** | **Catalog Number** | **Course Section** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Part B: Please describe the mitigating circumstances that lead to the withdrawal of the course(s) above. Please attach supporting documentation (Required).***

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***Part B Continued***

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***I understand that VA determines if my mitigating circumstances will be accepted. I also understand that if VA does not accept the mitigating circumstances I am responsible for paying any debt incurred directly to VA.***

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Signature Date

FOR OFFICE USE ONLY

Date submitted to SCO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supporting Documentation Attached Y / N

Date faxed to VA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCO Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_