

## D 4-004– Special Circumstances Withdrawal

This form, should be emailed ([administration@Quantomstudios.org](mailto:administration@Quantomstudios.org)), hand delivered or mailed to:  
Quantom Studios Institute for Technology (QSIT)                      Quantum Studios Institute for Technology (QSIT)  
5128 Lincoln Avenue    P.O. Box 1695  
Alexandria, VA 22312    Alexandria, VA 22313

**Please complete all spaces on the form**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name    First Name    Middle Name

\_\_\_\_\_  
Address    City    State    Postal Code

Email address: \_\_\_\_\_@\_\_\_\_\_.com

Phone number: \_\_\_\_\_ Student #: \_\_\_\_\_

Leave a message at the phone number above? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Withdrawal Term: \_\_\_\_\_ Fall    \_\_\_\_\_ Winter    \_\_\_\_\_ Spring    \_\_\_\_\_ Summer    Year \_\_\_\_\_

- Medical Emergency
- Death
- Psychiatric or Psychological
- Admin Error
- Extreme Financial Hardship
- National Emergency or Mobilization
- Documentation provided and description: \_\_\_\_\_

**I promise that the information provided to QSIT regarding this matter is correct.**

\_\_\_\_\_  
PRINT Name of person completing this form                      Signature    Date

\_\_\_\_\_  
Student Signature    Date

**AREA BELOW TO BE COMPLETED BY OFFICE STAFF**

Contact Date: \_\_\_\_\_ Action Taken: \_\_\_\_\_

\_\_\_\_\_  
Administration Signature    Date

\_\_\_\_\_  
President Signature    Date