



SEVERE ILLNESS FORM

303-629-1591 (fax) ♦ 1009 Grant Street, Ste. 102, Denver, CO 80203 ♦ info@cftws.org

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OFFICIAL REQUEST FOR WITHDRAWAL UNDER SEVERE ILLNESS POLICY

Student Name (please print): _____

Organization Name: _____

Branch Location: _____

Phone Numbers: (_____) _____ (_____) _____
(Business Required) (Home or Cell)

Email Address: _____

Course Name: _____

Course & Section Numbers: _____ / _____ Start Date: _____

Reason for Withdrawal: _____

You must meet these two requirements to qualify for the Severe Illness Policy:

1. Missed more than 10 consecutive working days **and**
2. Missed two consecutive weeks of the same CFTWS offering due to illness

SEVERE ILLNESS POLICY:

If you miss more than 10 consecutive working days **and** two consecutive weeks of a CFTWS offering due to illness, the Severe Illness Policy will apply. No tuition dollars will be refunded under this policy. This policy gives you the opportunity to repeat the offering or to enroll in a different offering of equal value at no additional charge within six months. You are responsible for completing this form stating the circumstances of the illness. The form must be signed by your Manager or Personnel Director and received by the CFTWS office during the session in which you are enrolled. To take advantage of this policy, you need to complete a new enrollment form at the time of registering for the repeat offering or the new offering and attach this form with all approval signatures completed.

PLEASE NOTE: The Severe Illness Policy applies only to offerings of five weeks or more in duration.

Student Signature: _____ Date: _____

Approved By: _____ Date: _____
Manager/Personnel Director

Date Received at CFTWS: _____ CFTWS Approved: YES NO

Authorized By: _____
CFTWS Administrative Staff