

## CREDIT VOUCHER REQUEST/SPECIAL CIRCUMSTANCES

**Requests for “special circumstances” must be filed prior to the end of the term in which the student is enrolled.**

**Before you complete this form, please note:** Students receiving financial aid or VA (veteran) benefits may not be eligible for a credit voucher due to possible federal overpayment.

I am submitting appropriate documentation to substantiate my claims for a **"Credit Voucher"** for the reason selected below.

\_\_\_\_\_ **Military Reserve Call-Up**  
(Copy of reserve call-up documentation)

\_\_\_\_\_ **Hospitalization or Accidental Injury**  
(Letter from doctor on letterhead with dates of your hospitalization, dates of the diagnosis, and reason for both.)

\_\_\_\_\_ **Prolonged Illness**  
(Letter from doctor on letterhead with dates of your illness, dates of the diagnosis, and reason you cannot attend.)

\_\_\_\_\_ **Mandatory Shift Change at Place of Permanent, Full-Time Employment**  
(Letter from your employer on letterhead stating you are a full-time employee, **dates** and **hours** of work-shift change.)

**Note: Part-time Employment to Full-time Employment, New Employment, Recalled Employee and Mandatory Overtime Hours do not qualify.**

\_\_\_\_\_ **Mandatory Move of Employment for Present Full –time Job which Necessitates a Change of Residency.**  
(Letter from employer on company letterhead stating the dates and place of your move along with verification of your new residency.)  
**Note: This does not include “New Employment.”**

Please indicate which class(es) you are requesting to be considered for a credit voucher:

\_\_\_\_\_

\_\_\_\_\_

I authorize investigation of all statements and documentation provided.

I understand that false or misleading information given in this request may result in disciplinary action and/or legal action by the College. I also understand more information to substantiate the claims may be required.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security Number or  
Macomb I.D. Number

\_\_\_\_\_  
Date

**Mail to:** Macomb Community College  
South Campus Enrollment, G-301  
14500 E. 12 Mile Road  
Warren, MI 48088-3896

Fax: 586.445.7140

Email: [hughesr@macomb.edu](mailto:hughesr@macomb.edu)