

Late Withdrawal Appeal Form

_____	_____	_____
Name	Student ID #	Date
_____	_____	
Email	Phone Number	

*This form is used to appeal to be permitted to withdraw after the withdrawal deadline. To appeal for a late withdrawal, this form—completed fully and with supporting documentation attached—must be submitted to Academic Services. **Submission of this form does not guarantee approval.***

Students may appeal for a late withdrawal when a situation beyond their control prevents them from completing classes. Students are encouraged to pursue incomplete arrangements with faculty before appealing for late withdrawals. Extenuating circumstances which **may** warrant approval of a late withdrawal appeal are listed below.

- Medical emergency that prevented the student from withdrawing by the withdrawal deadline.
- Medical emergency that occurred after the deadline and prevents the student from completing the semester.
- Family emergency that prevented the student from withdrawing by the withdrawal deadline.
- Family emergency that occurred after the deadline and prevents the student from completing the semester.
- Other unexpected changes in circumstances that occurred after the withdrawal deadline and prevent the student from completing the semester.

*Circumstances that **do not** warrant approval of a late withdrawal appeal include:*

- Failure to act to withdraw before the withdrawal deadline.
- Failure to follow faculty recommendations to withdraw before the withdrawal deadline.
- Decline in academic performance after the withdrawal deadline that cannot be attributed to an extenuating circumstance listed above.
- Lack of interest in completing classes.

Please complete the section below in full and attach a detailed explanation for this request. Failure to do so will result in a denial of your appeal.

For which class(es) are you appealing for a late withdrawal?

_____	_____	_____	_____	_____
Dept.	Course Number	Title	Instructor	Semester/Year
_____	_____	_____	_____	_____
Dept.	Course Number	Title	Instructor	Semester/Year
_____	_____	_____	_____	_____
Dept.	Course Number	Title	Instructor	Semester/Year
_____	_____	_____	_____	_____
Dept.	Course Number	Title	Instructor	Semester/Year
_____	_____	_____	_____	_____
Dept.	Course Number	Title	Instructor	Semester/Year

For which reason are you appealing for a late withdrawal?

- Medical emergency that prevented you from withdrawing by the withdrawal deadline.
- Medical emergency that occurred after the deadline and prevented you from completing the semester.
- Family emergency that prevented you from withdrawing by the withdrawal deadline.
- Family emergency that occurred after the deadline and prevented you from completing the semester.
- Other unexpected changes in circumstances that occurred after the withdrawal deadline and prevent you from completing the semester.

Have you submitted your explanation and supporting documentation? Yes No

On what date did the event that prevents you from completing the class(es) above occur? _____

It is your responsibility to communicate with Student Financial Services about the potential effects of withdrawing on your student account or financial aid. Have you talked with SFS about this request? Yes No

It is your responsibility to communicate with your academic advisor about the potential effects of withdrawing on your academic progress. Have you talked with your advisor about this request? Yes No

By signing below, I affirm that the information I have provided on this form and in attached supporting documentation is true and correct.

_____	_____
Signature	Date