

Request for Retroactive Late Withdrawal

A retroactive late withdrawal from an individual course or from all courses after the last day of the semester is permitted only for circumstances beyond the student's control. In cases where medical or employment reasons are the cause for withdrawal, explanatory documents from the physician or employer must be attached. **Request for retroactive late withdrawal from a course solely because of poor performance will be denied.** Approvals denied at any level will result in a denial of the withdrawal. For requests with appropriate approval as outlined below, a 'W' grade, rather than a failing grade, will be assigned.

Student Name:	Major:
Email Address:	Phone Number:
Semester/Year for which withdrawal is requested:	
Type of Withdrawal: All Classes _____ Specific classes _____	If specific classes, please list:

Describe Reason for requesting Retroactive Late Withdrawal (attach appropriate documentation, i.e., health care provider documentation on letterhead):

Student Signature: _____ Date: _____

Student's Graduate Program Director: Recommendation: Approval Denial

Signature: _____ Print Last Name: _____ Date: _____

Student's Department Chairperson: Recommendation: Approval Denial

Signature: _____ Print Last Name: _____ Date: _____

Assistant/Associate Dean (or designee): Recommendation: Approval Denial

Signature: _____ Print Last Name: _____ Date: _____

Vice Provost for Graduate Education, Research & Outreach: Approval Denial

Signature: _____ Print Last Name: _____ Date: _____

Office Use Only	
Processed by: _____	Date: _____