APPEAL FORM FOR STUDENT WITHDRAWALS

PLEASE CONSULT THE APPEALS POLICY FOR STUDENT WITHDRAWALS BEFORE SUBMITTING

Date: _____ Student ID: _____ Term: _____ Year: _____

First Name: _____ MI:_____ Last Name: _____

Tel 1: _____ Tel 2: _____ Email: _____

Appeal Request (choose all that apply):

☐ Late Drop: Students wishing to drop one or more courses after the published deadline require proof and authorization as indicated in the Student Appeals Policy. If approved, courses and all related charges will be removed from your academic record; in addition, some or all of the student's financial aid may also be cancelled.

☐ Late Withdrawal: Students wishing to withdraw from one or more courses after the published deadline requires the approval of the Academic Dean, Department, and/or Instructor(s). Late withdrawals will remain on the transcript with a grade of "W", charges will be unaffected, and a portion of financial aid received may be returned.

☐ Tuition and Fee Refund: Students requesting a refund of tuition and fees (including room and board) must provide compelling evidence and receive approval from the Office of Student Financial Services. If approved, any financial aid received will not be adjusted.

☐ Other: (please specify) _____

Required Documentation:

☐ Written Statement: Please attach to this form a written statement that clearly states your request. Be specific about the reason for your request and your desired outcome. Be sure to explain why your think your appeal request is justified. Include an explanation as to the extraordinary circumstances that led you to filing this appeal, such as problems that led to inadequate academic achievements, and changes you are making to prevent their recurrence.

☐ Supporting Documentation: It is strongly recommended that appropriate supportive documentation be attached to this appeal, such as a proof of attending another institution, medical records, a divorce decree or obituary statement, and other documentation supporting the inability to follow the established University deadlines.

Signatures and Approvals:

I attest to the fact that all data and documents submitted are factual. I understand that my appeal may be denied and that I may be liable for outstanding charges on my student account. If approved, I understand that financial aid received may be adjusted, returned, or become due. I also understand that approved appeals may result in a change to my academic record.

In accordance with the Federal Educational Rights and Privacy Act:
☐ **I do** give consent to disclose information from my educational and/or health records in consideration of this request.
☐ **I do not** give consent to disclose information in consideration of this request.

Student Signature: _____ Date: _____

FOR INTERNAL USE ONLY
Date Received: _____ Date Processed: _____ Type: ☐ TW ☐ TC ☐ PW ☐ QE Drop
Request Received By: ☐ Fax ☐ Letter ☐ In-person ☐ E-mail ☐ On-line Recipient: _____
☐ Approved ☐ Denied Signature: _____ Date: _____ Department: _____
Action: _____ Term(s): _____ Credit(s): _____