

APPEAL FORM FOR STUDENT WITHDRAWALS

Date: _____ Campus: _____ Term(s) _____

First Name: _____ MI: _____ Last Name: _____

Student ID: _____ Tel: _____ Email: _____

APPEALS MUST BE SUBMITTED NO LATER THAN 30 DAYS AFTER THE END OF THE TERM

Appeal Request (select one)

Late Drop: I request to drop one or more of my courses *after the published deadline*. If approved, courses and all related charges will be removed from your record; in addition, I understand some or all of my financial aid may also be cancelled.

OR

Late Withdrawal: I request to withdraw completely from the term noted above *after the published deadline*. I understand courses will remain on my transcript with a grade of “W”, my charges will be unaffected, and a portion of my financial aid may be returned. I also understand I may also lose eligibility for aid in future semesters.

Rationale for Appeal (select one)

- Attending another institution
- Hospital stay of two or more weeks during the semester
- Other (troop deployment, immediate family member death, etc.)

Please note that an illness is not an acceptable rationale for appeal. The University offers tuition insurance through GradGuard each semester that, if purchased, will reimburse you for any charges due during the term(s) you fell ill.

Required Documentation

- Written Statement:** I have attached a detailed written statement to support my appeal request and desired outcome, including justification for any extraordinary circumstances that led to the filing of this appeal.
- Supporting Documentation:** I have attached all relevant supporting documentation for my appeal as follows:
 - Official proof of attending another institution
 - Official proof of hospital stay for two or more weeks accompanied by a signed doctor’s letter
 - Other documentation to support the requested appeal (troop deployment letter, death certificate, etc.)

Financial Appeal (optional)

Tuition and Fee Refund/Credit: I request a refund or credit for the charges I have described on my account in the required documentation below. If approved, I understand some or all of my financial aid may be cancelled.

Please provide the amount you are requesting to be adjusted: _____

Student Attestation

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

Student Signature: _____ Date: _____

In accordance with the Federal Educational Rights and Privacy Act (FERPA):

- I consent to disclose information from my educational and/or health records in consideration of this request
- I do not consent to disclose information in consideration of this request