

**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 (choose all that apply)**

- 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; in addition, I understand some or all of my financial aid may also be cancelled.
- 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.
- 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.
- Other:** (please specify) \_\_\_\_\_

**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 necessary supporting documentation for my appeal as follows:
  - Official proof of attending another institution (schedules, unofficial transcripts, or emails will not be accepted)
  - Official proof of hospital stay of two or more weeks accompanied with a signed doctor’s letter
  - Death certificate or official divorce decree
  - Other documentation to support the requested appeal

**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 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

FOR INTERNAL USE ONLY			
Date Received: _____	Date Processed: _____	Type: <input type="checkbox"/> TW	<input type="checkbox"/> TC <input type="checkbox"/> PW <input type="checkbox"/> QE Drop
Request Received By: <input type="checkbox"/> E-mail <input type="checkbox"/> Mailed Copy <input type="checkbox"/> Fax <input type="checkbox"/> Office Recipient: _____			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____ Department: _____			
Action: _____ Term(s): _____ Credit(s): _____			