

# PETITION for WITHDRAWAL from CLASSES AFTER the DEADLINE

**!! Please note: Submission of this petition DOES NOT guarantee approval !!**

A student may petition for Withdrawal from classes after the published Withdrawal Deadline if there are emergency situations beyond the student's control. In all cases, appropriate documentation is required and students with health emergencies must have the *Medical Statement* form submitted by the health professional providing treatment.

Examples of Situations that <i>may</i> merit a Late Withdrawal <ul style="list-style-type: none"> <li>• Hospitalization and/or serious health problems</li> <li>• Death in the immediate family</li> </ul>	Examples of Situations that <i>do not</i> merit a Late Withdrawal <ul style="list-style-type: none"> <li>• Academic difficulties</li> <li>• Chronic health problems and/or minor illnesses</li> <li>• Becoming "overwhelmed"</li> </ul>
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In all cases, students should continue to attend classes and complete assignments until they are notified of the decision. Forms should be turned in prior to the last two weeks of the semester. Students with emergencies at the end of the semester should, if they are passing the course, request an **Incomplete** from the instructor.

**Instructions:**

1. Complete all applicable parts of this form legibly and neatly.
2. If your request is based on a health emergency, complete the top portion of the *Medical Statement Form*, take it to your health care provider and make sure he/she returns it to the Advising & Learning Support Center.
3. Attach any other applicable documentation to this form and return them to the Advising & Learning Support Center, 107 Lipinsky Hall.

Full Name (Print) \_\_\_\_\_ UNCA ID# \_\_\_\_\_

I am requesting a late withdrawal from the following:

\_\_\_\_\_ ALL of my classes (NOTE: You must also complete the *Student Exit Checklist* and *Request to Exit the University* forms).

\_\_\_\_\_ SOME of my classes (NOTE: The following signatures are needed if you are on financial aid and/or a dormitory resident and withdrawal decreases enrolled hours below 12):

Dean of Students \_\_\_\_\_ Fin. Aid Rep. \_\_\_\_\_

I am requesting a Late Withdrawal from the following course/s for the Fall \_\_\_\_\_ Spring \_\_\_\_\_ or Summer \_\_\_\_\_, 20\_\_\_\_\_ semester.

Course Prefix & Number	Instructor Name	Last Date Attended	Estimated Grade	<b>Official Use:</b> Instructor Contacted
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

*NOTE:* This petition will not be processed until the committee has contacted the instructor/s listed above.

Briefly explain emergency situation and if you are withdrawing from SOME of your classes, explain why the emergency affects only these classes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please read and sign reverse side of this form.**

I have read and understand **all** parts of this form and am requesting late withdrawal/s from the course/s listed. I understand that my instructor/s will be contacted by a UNCA representative regarding my request to withdraw from their class.

I also understand that **submitting this petition does not guarantee that my request will be approved.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

UNCA Email \_\_\_\_\_ Phone \_\_\_\_\_

Received in ALSC: W/D Form \_\_\_\_\_ Medical Statement \_\_\_\_\_

*The section below is for office use only:*

**Committee Comments:**

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AVCAS	Approved _____	Denied _____	Date _____	Initials _____
Enrollment Services Committee (Requests received after Final Grade due date)	Approved _____	Denied _____	Date _____	Initials _____

Entered onto Student's Record: Date \_\_\_\_\_ Initials \_\_\_\_\_