Withdrawal Petition Process & Form
Fogelman College of Business & Economics

“Withdrawal is not permitted after the date specified in the University Calendar for that term. Exceptions are made to the policy only in case of such extreme circumstances as serious illness, relocation because of employment, etc.” Undergraduate Catalog, University of Memphis Bulletin.

TO THE STUDENT: Your petition to withdraw from one or all classes after the deadline date established for the term will be considered only for legitimate reasons. In order for a petition to be considered, you must have a reason that can be documented in writing.

IMPORTANT: Until your petition is officially approved and the appropriate Schedule Adjustment Form has been processed in Wilder Tower – Room 003, you are still enrolled in your class(es).

YOUR NAME:_________________________________  DATE:______________________

REQUIRED STEPS FOR A LATE WITHDRAWAL PETITION TO BE CONSIDERED:

1. Prepare a statement in writing on form W-3 (attached) or on an attached sheet of paper explaining in full your reason for requesting a late or retroactive withdrawal. Include any and all information you feel is relevant to substantiate your request.
2. Provide written documentation from verifiable sources confirming your reason for a late or retroactive withdrawal.
3. Have form W-2 completed and signed by each instructor.
4. When the preceding steps have been completed and you have all of the required forms and documentation, you may present your withdrawal petition to a staff member in Fogelman Administration Building, Room 114.

It is your responsibility to check after three working days to determine the status of your petition. If your petition is approved, it is your responsibility to submit the Schedule Adjustment Form to the Registrar’s Office, Wilder Tower, Room 003, within 5 working days.
The University of Memphis
Withdrawal Petition

TO BE COMPLETED BY THE STUDENT:

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED:

___ Fall   ___ Spring   ___ Summer    201__

Student’s Name _____________________________________________________

Banner U Number: U __ __ __ __ __ __ __

E-Mail: ___________________________         Academic Major: ________________

______________________________

TO BE COMPLETED IN FULL BY THE INSTRUCTOR:

To: Faculty Member: Any student applying for a late or retroactive withdrawal from a
course or semester is required to document the reason for a petition. The above-
named student has applied to withdraw after the optional withdrawal period has ended
and has been instructed to contact the instructor. After you have talked with the
student, please complete the form below. Your comments will help in evaluating the
student’s petition. Thank you.

<table>
<thead>
<tr>
<th>Course CRN</th>
<th>Subject/ Course/ Section</th>
<th>Date of First Test/ Grade</th>
<th>Date Last Attended</th>
<th>Grade at Time Student Stopped Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approximately how many absences before last date of attendance: _____________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Member’s Name: _________________________________________________

Faculty Member’s Signature: ____________________________________________

Date: ___________________ Phone: ___________________
The University of Memphis
Withdrawal Petition

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED:

___ Fall    ___ Spring    ___ Summer    201__

Student’s Name ____________________________   Daytime Phone:_____________

Banner U Number: U __ __ __ __ __ __ __ __

E-Mail: ________________________________   Major:_____________________

Reason for petitioning for a late or retroactive withdrawal: (use additional sheets if necessary). Please attach supporting document(s) where appropriate.

NOTE: Before withdrawing from a course/courses, consider the impact this action might have on financial aid or scholarships. Check with the appropriate office if you do not know how withdrawing may affect you.

Student’s Signature:_________________________ Date:_____________________

Decision: __________ Approved  __________ Denied  Date:_____________________

Dean’s Signature:_________________________ Date:_____________________

__