SCHOOL OF HEALTH STUDIES
Course Withdrawal Petition Form: Process

TO THE STUDENT: Your petition to withdraw from one or all courses 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 detailed reason that can be documented in writing.

Please note the following language in the Undergraduate Catalog: “Withdrawal is not permitted beyond the last day to withdraw specified in the University Calendar for that term or session. Requests for exceptions must be made by the end of the next regular term following the term in which the grade was assigned. Exceptions are made to this policy only in cases of such extreme circumstances as serious personal illness and relocation because of employment.”

Please note that petitions for withdrawal from individual courses are rarely granted.

IMPORTANT: Until your petition is officially approved and the appropriate Schedule Adjustment Form has been processed in the Registrar’s Office, you are still enrolled in your course(s). Do not stop attending class until you are certain that your request for withdrawal has been approved. It is your responsibility to meet all course requirements and failure to attend class may result in a negative impact on your grade.

STUDENT NAME: _____________________________________________

DATE: _______________________

PROCEDURE:

As a student, you should do the following:

1. Discuss your case with Kathy Walker, Academic Services Coordinator II, located in Fieldhouse 106. Your case may be unacceptable and she may be able to inform you of this right away. Also, there may be better and more appropriate options aside from dropping the course(s) and a meeting with Ms. Walker may provide clarity regarding these options. If appropriate, you will work with Ms. Walker to complete a Schedule Adjustment form.
2. Discuss your case with individual faculty members for the course(s) you wish to withdraw from. You should then complete the following page of this document in its entirety (one for EACH course you are seeking to withdraw from). Faculty members should complete the required information. It is the YOUR responsibility to locate the faculty member to obtain the required information. Only completed forms will be considered.
3. Provide a description of your request, detailing why this withdrawal is needed (final page of this document).
4. Provide supportive written documentation confirming the sickness, injury, and/or extreme life circumstance that necessitates a drop from the course(s). Such documentation includes letters from personal physicians or other healthcare providers, as well as related documents (e.g., obituary).
5. Submit all above information to the SHS Director in Fieldhouse 106 for consideration.
   a. NOTE: you should continue attending class until you are certain that your request for withdrawal has been approved.
SCHOOL OF HEALTH STUDIES
Course Withdrawal Petition Form: Faculty Input

THIS PART TO BE COMPLETED IN FULL BY THE STUDENT:
NOTE: This form is needed for EACH course you wish to withdraw from.

Student’s Name: ____________________________________________

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

UofM E-Mail: ____________________________________________

Major/Concentration: ______________________________________

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED:
___Fall   ___Spring   ___Summer    20___

________________________________________________________________________

THIS PART TO BE COMPLETED IN FULL BY THE INSTRUCTOR:

Dear Faculty Member: Any student applying for a late or retroactive withdrawal from a course
or semester is required to document the reason for the 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 communicated with the student, please complete the
information below in full. Your comments will help in evaluating the student’s petition. Please
note that completion of this form in no way implies your approval of the 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>
</tbody>
</table>

Approximately how many absences before the last date of attendance: __________

Did the student put forth the expected amount of effort to do well in this course?  YES NO

Did the student communicate with you in a professional manner with regards to their extreme
and unforeseeable circumstances related to this withdrawal petition?  YES NO

Was the student in good academic standing at the time they last attended?  YES NO

Comments: ____________________________________________

________________________________________________________________________

________________________________________________________________________

Faculty Member’s Name: ____________________________________________
Faculty Member’s Signature: _______________________________________
Date: __________________________
SCHOOL OF HEALTH STUDIES  
Course Withdrawal Petition Form: Student Written Explanation

Student’s Name: ____________________________________________________________

UofM E-Mail: ________________________________________________________________

Major/Concentration: _______________________________________________________

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED:

___Fall  ___Spring  ___Summer  20___

Please explain in detail the reason for petitioning for a late or retroactive withdrawal (use additional sheets if necessary). Why should this be approved? Remember to attach all supporting document(s) as appropriate.

NOTE: Before withdrawing from a course(s), consider the impact this action might have on financial aid or scholarships. Check with the appropriate office(s) if unsure as to how withdrawing may have an impact.

Student’s Signature: __________________________________________ Date: __________

Decision:   Approved     Denied

Director’s Signature: __________________________________________ Date: __________