

UNIVERSITY COLLEGE
University of Memphis

Withdrawal Form



*Read everything referenced in this form before
proceeding with your request.*

*If your circumstances do not meet the guidelines
for a withdrawal, your request will be
DENIED.*

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PETITION TO WITHDRAW AFTER THE DROP DEADLINE

TO THE STUDENT:

Your petition to withdraw from classes after the deadline established for the term will be considered only for legitimate, compelling reasons. **WITHDRAWAL IS NOT AUTOMATICALLY PERMITTED** after the date specified in the university calendar for that term. Exceptions are made to this policy only in cases of extreme circumstances, such as serious personal illness or relocation because of employment. Please be aware that the withdrawal guidelines found at <http://academics.memphis.edu/avp/withdrawal.htm> require that you withdraw from all your courses for the subject semester. The rationale is that if your condition was severe enough to warrant withdrawal from one course, then the condition was severe enough to warrant withdrawal from all courses.

NOTE: Students receiving financial aid should consult with a financial aid counselor concerning how a late or retroactive withdrawal would affect their aid status.

If this request is approved, a grade of “W” will appear on your official transcript for each of your courses.

IMPORTANT: Until your petition is officially approved, forms W-1 and W-2 are processed, and a schedule adjustment form filed in Student Information Services, Wilder Tower, Room 003, you are still enrolled in courses. You should check online periodically to ensure that you have been officially withdrawn from your courses.

REQUIRED STEPS TO SUBMIT A LATE WITHDRAWAL PETITION

1. Submit a statement in writing explaining -- in full -- your reason(s) for requesting a late or retroactive withdrawal (see attached W-1 form). Include in it any reasons you feel are relevant to substantiate your request.
2. Written documentation from verifiable sources confirming your reason for a late or retroactive withdrawal is required.
3. The attached W-2 form(s) must be completed and signed by each instructor of every course from which you wish to withdraw.
4. When the preceding steps have been completed and you have all of the required forms, you may leave the forms at the University College offices in Brister Hall, Room 218.

**THE UNIVERSITY’S GUIDELINES FOR LATE AND RETROACTIVE
WITHDRAWALS ARE FOUND AT: <http://academics.memphis.edu/avp/withdrawal.htm>.**

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WITHDRAWAL PETITION

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED: _____

STUDENT'S NAME: _____

STUDENT'S UNIVERSITY ID #: U _____

STUDENT'S ADDRESS: _____

CITY

STATE

ZIP

STUDENT'S E-MAIL ADDRESS: _____

HOME# (____) _____ - _____ WORK# (____) _____ - _____

Reason for petitioning for a late or retroactive withdrawal: (Use additional sheets if necessary.)

By signing this form, I certify that I have read and understand the University of Memphis guidelines for a late or retroactive withdrawal found at <http://academics.memphis.edu/avp/withdrawal.htm>.

Student's Signature

Date

Late Withdrawals Only	
<i>Petition Disposition:</i> _____	
_____ <i>College Dean's Signature</i>	_____ <i>Date</i>

Retroactive Withdrawals Only	
<i>Petition Disposition:</i> _____	
_____ <i>Vice Provost for Undergraduate Programs</i>	_____ <i>Date</i>

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WITHDRAWAL PETITION

*This form must be completed by each faculty member from whose course a student seeks to withdraw.
(Make additional copies as necessary)*

TERM AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED: _____

Student's Name: _____
(Please print)

Student's ID Number: U _____

To: Faculty

Any student applying for a late or retroactive withdrawal is required to document the reason for an exception. The above-named student has applied to withdraw after the optional withdrawal period has ended and has been instructed to contact you, the professor. After you have talked with the student, please complete the spaces below. Please note that your support of this withdrawal does not guarantee that the student's request will be granted.

Comments _____

Dept./Course/Section	Date of First Test	Date Last Attended	Passing or Failing

Faculty Member's Signature

Date

Faculty Member's Name (printed)

Phone