



RETROACTIVE WITHDRAWAL REQUEST

Undergraduate students may request that all grades in previous semesters be retroactively removed and replaced by entries of W on the transcript if they have experienced, during that term, health and/or personal problems so severe that they could not reasonably have been expected to complete the semester satisfactorily. The requests must be submitted with documentation to the Records Office. Appropriate documentation should include direct information from a professional who can attest to the student's claim of illness or legal issues and speak clearly to the difficulty that was encountered by the student.

Retroactive withdrawal applies to every course for a particular term and not for selective courses during a term.

Name: _____ PID: _____
(Please Print) Last First MI

Address: _____
Street City State Zip

Phone Number: _____

I would like to request retroactive withdrawal for the following semester(s)/year(s): _____

For the following reason: _____

(Please attach additional page if necessary)

Return this form along **with required documentation** to the Records Office.

Student Signature: _____ Date: _____

For Office Use Only	
Received By: _____	Date: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registrar: _____	Date: _____