

Late Withdrawal Request Form

Records, Registration, & Veteran Services Office
3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006
P 248-823-1660 ■ records@walshcollege.edu



Last Name

First Name

Term of Request

Student ID #

_____-_____-_____
Daytime Phone Number

GENERAL INFORMATION

- The College's withdrawal policy may be found in the current catalog: <http://www.walshcollege.edu/catalog>. Please review prior to submitting request.
- To be considered for a late withdrawal, *students must show extenuating, documentable circumstances, which were unavoidable, unforeseen and caused the published withdrawal deadline to be missed.*
- Exceptions will not be made for: work schedule, accepting a new position or voluntary transfer within current employment; being a new student; not knowing the withdrawal policy or the withdrawal deadline.
- Late withdrawals cannot be granted if the course has been completed (final exam or final project completed, etc.) or the course has already been withdrawn from twice.
- Financial aid students should contact Financial Aid at 248-823-1665 *prior* to submitting this form to find out how withdrawing from courses may impact your aid.
- If approved, a letter grade of "W" will appear on your transcript. You will be responsible for all tuition and fees.
- If approved, it is a one-time exception and future requests will be denied.

IMPORTANT DEADLINE

- Requests must be submitted within four weeks after the start of the subsequent term. Dates can be found on the Academic Calendar: http://www.walshcollege.edu/academic_calendar.
- Late requests will *not* be reviewed.

REASON FOR REQUEST

I formally request a late withdrawal from the following course(s): _____.
If not requesting a late withdrawal from all courses for the term, please explain why in your attached statement.

Exception requests will only be considered for the following reasons. Please check applicable box(es).

- Illness or injury with medical documentation indicating inability to withdraw prior to deadline.
- Death of an immediate family member (spouse, parents, siblings, children) with death certificate or death notice.
- Other documentable unforeseen and unavoidable circumstance causing the withdrawal deadline to be missed. Please explain in an attached statement.

SUBMISSION REQUIREMENTS

Return this completed form to the Director of Records, Registration, & Veteran Services **along with**:

- A signed and dated statement with an explanation of the request.
- Any documentation supporting this request.

You can mail the required information to the address above; fax to 248-823-1663; or scan as an email to stacy.johnson@walshcollege.edu. Only signed forms will be accepted. Students will be notified of the decision in writing.

Authorization: I hereby request a review for a possible late withdrawal. I have read and understand the contents of this form including the submission deadline and reasons for a late withdrawal. I authorize Walsh College to review relevant aspects of my educational record and to verify the supporting documentation. I understand and acknowledge the information provided in and related to this document to be true and accurate to the best of my knowledge. I realize submitting information which is misleading or untruthful may be cause for student misconduct review.

Signature

Date