# Late Withdrawal Request Form

**Records & Registration**  
3838 Livernois Road, P.O. Box 7006, Troy, MI  48007-7006  
P 248-823-1660  •  records@walshcollege.edu

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<th>Last Name</th>
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<th>Term of Request</th>
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<th>Student ID #</th>
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## GENERAL INFORMATION
- Walsh’s withdrawal policy may be found in the current catalog: [http://www.walshcollege.edu/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 or the course has already been withdrawn from twice.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](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 Records & Registration 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 records@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 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