

Request for Retroactive Late Withdrawal

A retroactive late withdrawal from an individual course or from all courses after the last day of the semester is permitted only for circumstances beyond the student's control. In cases where medical or employment reasons are the cause for withdrawal, explanatory documents from the physician or employer must be attached. Retroactive drop for non-attendance from a previous semester will require supporting documentation from each professor, which must be attached.

Request for withdrawal from a course solely because of poor performance will be denied. Approvals denied at any level will result in a denial of the withdrawal. For request with appropriate approval as outlined below, a 'W' grade rather than a failing grade, will be assigned for retroactive late withdrawal.

Student Name:		Major:	
Email Address:		Phone Number:	
Semester/Year for which withdrawal is requested:			
Choose one: All Classes Specific classes <i>(please list and have your instructor sign)</i>	If specific classes, please list below:		
			Non-Attendance Withdraw only
	Course Number	Section	Instructor's Signature

Describe Reason for requesting Late Withdrawal (If necessary, attach appropriate documentation of support, i.e., health care provider information on letterhead):

Student Signature		Date	
Department Chair <i>(If requested)</i>	Print Last Name	Date	
Assistant/Associate Dean <i>(or designee)</i>	Print Last Name	Date	
Vice Provost	Print Last Name	Date	

Approved
Denied
Approved
Denied
Approved
Denied

Important Information

- This form covers withdraw requests for the time frame after grades have been submitted for a course, or for grades from a previous semester up to 1 year after the end of the term being requested for a withdraw. Requests beyond a year after a course grade has posted are subject to denial.
- If the student is requesting a withdraw from a course that is still in session prior to the last day of class for the semester, students would instead complete a Application for Late Withdrawal Request Form from the Registrar's Office to request a late withdraw.
- Please note that the late withdraw process is a separate process from the tuition appeal process, however a grade of W may need to be reflected on a student's transcript prior to being able to submit a tuition appeal. Students wishing to recover tuition should complete the tuition appeal form through Student Account Services.
- Students requesting a late withdraw due to medical reasons should provide relevant medical documentation by following the instructions on the second page of this form. For other types of requests, all supporting documents may be submitted separately along with this completed late withdraw form to the appropriate Assistant Dean.

Request for Retroactive Late Withdrawal

Below are the required documentation for a retroactive late withdrawal request:

1. Medical Withdrawal Documents Needed (If applicable)
 - a. Statement from student
 - i. This statement should explain the diagnosis/explanation of the student's medical condition and how it has affected the student's ability to perform academic duties. It also should explain whether the student sought and received any medical treatment for the problems, including treatment prescribed and its effect.
 - b. Supporting documents
 - i. A statement from the medical professional which covers the following:
 1. Diagnosis: Explanation of the student's medical condition, and how it affects the student's daily activities and academic performance.
 2. Date(s): Actual dates of medical treatment or services for this illness /only the dates for the semester for which withdraw is requested are needed.
 3. Date when the student became unable to perform academic duties – An estimate from the medical professional based on the diagnosis and treatment.
 - ii. Medical professional's signature - Attach letterhead from the health care practice with printed and hand-written physician/medical professional signature to verify the student's medical situation. Letter must include the following information:
 1. Physician/Medical Professional Signature and date of signature
 2. Statement:
I certify that, in my best professional judgment, the student identified above was unable to perform academic duties and complete the semester stated above due to unforeseen medical incapacitation during the above stated time. As a public institution, tuition adjustments are subject to audit by the state of KY.
 3. Printed Name of Physician:
 4. Address:
 5. Business Phone:
 6. Fax
 7. Instruction for Physicians: Please attach letterhead with printed and hand-written physician/medical professional signature to verify the student's medical situation.
2. Drop for Non-Attendance
 - a. Statement from student
 - i. This statement should explain why the student did not attend the course and why they did not drop.
 - b. A written statement from professor(s) of the course(s) stating that student never attend or submitted any course work.