

CLEARLY PRINT NAME AND ADDRESS

Upon completion, return this application along with your narrative and documentation to your College Dean or Advising Office.

STUDENT IDENTIFICATION NUMBER (NU ID)		PHONE
LAST NAME	FIRST	MI
MAILING ADDRESS		
CITY	STATE	ZIP
E-MAIL ADDRESS		

**UNIVERSITY OF NEBRASKA-LINCOLN
PETITION FOR
LATE WITHDRAWAL
(PAST THE WITHDRAWAL DEADLINE)**

This process in no way affects your tuition and fee liability for the term. The result of this petition process (if granted) will be to post a grade of "W" on the course or courses you are petitioning. Courses cannot be removed from an academic record by this procedure.

Term _____ I am requesting withdrawal from the following course(s): _____

Withdrawal Policy. Students may withdraw from all classes, regardless of circumstance, from the first day of classes through the 3/4 point of the term or length of class whichever is shorter. Any withdrawal from classes after the 3/4 point of the term or class must be for extraordinary circumstances and will be granted only by petition.

Grounds for Withdrawal. Grounds for extraordinary withdrawals may include but are not limited to:

- Serious medical conditions (both physical as well as psychological) which prevent the student from completing the term and where grades of "Incomplete" are not appropriate;
- Death in the immediate household of the student which requires the extended absence of the student and where "Incomplete" grades are not appropriate;
- A sudden and unexpected change of employment duties or hours which prevents the student from completing the course and where an "Incomplete" is not appropriate;
- A complete absence from all courses for the term without having officially withdrawn.

Your petition for withdrawal must include both of the following items:

1. Your narrative (statement) giving the details of your petition, typed or neatly written on a separate piece of paper, dated and with your signature attached to this form.
2. Adequate support documentation. For example:
 - A. If you were ill and saw a medical practitioner, submit a signed dated statement from your doctor in support of your petition.
 - B. If your work hours changed and they now conflict with your class schedule for this term, submit an employer's signed and dated statement supporting your petition.
 - C. If you had a death in your immediate family, submit a copy of the death certificate or the remembrance from the funeral and clear documentation of your relationship with the deceased.
 - D. If you were absent from all your courses but did not withdraw from class, include statements from course instructors on letterhead verifying your non-attendance.

COLLEGE COMMITTEE DECISION

_____ GRANT _____ DENY _____ DEFER _____ DATE

AFTER COMMITTEE ACTION, COPY TO:
Registration and Records

COLLEGE REPRESENTATIVE SIGNATURE