

APPEAL FOR LATE CLASS

or UNIVERSITY WITHDRAWAL



OFFICE OF THE REGISTRAR

Bldg 18: 11000 University Parkway, Pensacola, FL 32514

Phone: 850.474.2244

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E-mail: registrar@uwf.edu

This form is used by students wishing to either (1) withdraw from individual courses, or (2) withdraw from all courses (University Withdrawal) in a given semester past the withdrawal deadlines posted on the Academic Calendar. In order to be considered, requests for prior semester appeals must be submitted within six months of the end of the semester for which the academic appeal is being requested. Completion of the late withdrawal request must include a one-page statement explaining the reason for the request, supporting documentation, and approvals (in order) from the student's advisor, instructor, and department chairperson (of the course). The completed late withdrawal request should be submitted to the Office of the Registrar, registrar@uwf.edu, Building 18, on the Pensacola campus. If the late withdrawal request is denied, the letter grade earned in the course (A-F) will be awarded. If the final decision for a late withdrawal is approved, a grade of W will be awarded, at the instructor's discretion.

Student's Printed Name	Reason for withdrawal (check one) : Requests will <u>only</u> be approved for the following reason(s) (appropriate documentation mandatory) <input type="checkbox"/> Death in the immediate family <input type="checkbox"/> Serious illness of an immediate family member <input type="checkbox"/> Military Service (unexpected deployment or extended TDY) <input type="checkbox"/> National Guard troop ordered in active service <input type="checkbox"/> Other situation deemed similar to above: _____ _____
UWF I.D. Number	
Daytime Phone Number	
UWF Email Address	
Check if applicable: <input type="checkbox"/> VA Benefits (last date of attendance required) <input type="checkbox"/> International Student <input type="checkbox"/> Intercollegiate Athletics _____ Signature of Coach OR Foreign Student Advisor (as applicable)	

Check one:

- It is past the last day of the term/semester and I am requesting a **Late University Withdrawal*** (all courses).
 * An **Appeal for Late Class or University Withdrawal** form must be submitted for each course in the semester.
- It is past the withdrawal deadline and I am requesting a **Late Class Withdrawal**.

CRN: Course Reference Number	Course Prefix & Number	Semester & Year	Last Day of Attendance

Student's Signature _____ Date _____

ADVISOR'S DECISION: ___ Approve ___ Disapprove

Advisor's Signature: _____ Date: _____

INSTRUCTOR'S DECISION: ___ Approve * ___ Disapprove **

*Withdrawal grade of W is assigned. **The letter grade earned in the course (A-F) is assigned.

Instructor's Signature: _____ Date: _____

DEPARTMENT CHAIR (of the course) DECISION: ___ Approve ___ Disapprove

Chair's Signature: _____ Date: _____

Comments: _____ _____

UNIVERSITY ACADEMIC APPEALS COMMITTEE FINAL DECISION: ___ APPROVE ___ DISAPPROVE

Comments: _____

Signature/Appeals Committee Representative _____ Date _____