

University of Kentucky – University Senate Retroactive Withdrawal Application

Part 1 – To be completed by the student

► Please read the instructions on the next page before completing this application.

(Copy this page if you are requesting a retroactive withdrawal from more than one semester.)

Information about you

| | | |
|---------------------------------|--------------------------------------|------|
| Name: | Student Number (<i>not</i> SSN): | |
| Local Address: | | |
| City: | State: | Zip: |
| Area code and telephone number: | | |
| Email address: | | |

Information about your withdrawal application

| Semester and year from which you wish to withdraw: | | | | |
|---|--------------|------------|--|--------------------------|
| College and major during that semester: | | | | |
| Current college and major (if different): | | | | |
| <p>Under University Senate Rules, you have the right to appear before the Retroactive Withdrawal Appeals Committee in person. Do you wish to do so? (<i>Please check only one.</i>)</p> <p><input type="checkbox"/> Yes, I wish to appear in person. Please contact me regarding the time, date and location of the hearing.</p> <p><input type="checkbox"/> No, I do not wish to appear in person.</p> | | | | |
| List below the required information about courses from which you seek to withdraw. | | | | |
| Course Prefix and Number (e.g. ENG 101) | Course Title | Instructor | (Check one box for each course.) Instructor Feedback Form is: | |
| | | | Attached | Waived by Dean |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Please see additional items and instructions on the next page.

Part 1 – To be completed by the student (continued)

You *must* attach the following items to this application:

1. A completed Instructor Feedback Form for ***each course*** from which you seek to withdraw, unless this requirement has been waived by the dean of the college to which you will submit this application.
2. A detailed personal statement which explains:
 - a. your serious illness, serious personal or family problem, serious financial difficulty, *or* a permanent disability verified by the Disability Resource Center and diagnosed *after* the semester in question; **and**
 - b. why you were unable to withdraw during the semester in question.
3. Documentation supporting the rationale in 2(A) above. In the case of medical reason(s), a letter¹ from a medical professional is required. Total paperwork for this item may not exceed 15 pages.

| | |
|--|-------|
| I verify by my signature below that the required above information: has been submitted; is complete; and is correct to the best of my knowledge, and I hereby request a retroactive withdrawal from the course(s) indicated. | |
| Signature: | Date: |

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.

* * * * *

Instructions for the Student – Please Read Carefully

How to apply. This application should be completed and submitted to the academic dean of the college in which you were enrolled during the semester from which you wish to withdraw. You should consult with that dean for further guidance before you submit the application. If you wish to make multiple requests to withdraw, you must complete a separate application for each semester from which you wish to withdraw.

When to apply. Your completed application – *including* all the required attachments – must be received in the dean's office within two years from the last day of classes of the semester from which withdrawal is requested AND prior to graduation².

List of courses and course information. *Typically, a student may withdraw from a given semester only if the withdrawal is from all classes.* If you choose to apply to withdraw from some but not all classes for a semester and your application is denied, that denial does not preclude you from reapplying to withdraw from all the classes in that semester, so long as the new application is submitted to your dean within the required time period. You may not apply to withdraw from a course in which you received a grade of XE or XF.

Instructor feedback forms. You must submit a completed Instructor Feedback Form from each instructor listed on Page 1, unless the dean who will review your application waives this requirement.

After the application is completed by you, you must submit it to the academic dean of the college in which you were enrolled during the semester from which you wish to withdraw. The dean or dean's designee will determine whether or not to support your application and will, in either event, forward the completed application to the University Senate's Retroactive Withdrawal Appeals Committee (SRWAC). The dean's actions will normally occur within 30 days of receipt of your completed Part 1 of this Application.

Proceedings before the SRWAC. If you wish to appear before the SRWAC in person, you must indicate so on Part I of the form. You have the right to appear before the SRWAC to present your case as well as to answer any questions SRWAC members might have³. The SRWAC's decision will normally be made within 30 days of receipt of the completed application from the academic dean. Your current dean will notify you in writing of the SRWAC's decision. If your application is granted, the withdrawal will be processed by the Registrar.

¹ In cases of injury and physical/mental illness, you must include a *diagnosis* by a medical professional.

² Please note that a student's status in a course cannot be changed after graduation. It is therefore incumbent upon the student to: file an application well before graduation; or, remove their application for graduation until after the SRWAC has rendered a decision.

³ You may be represented before the SRWAC by an attorney or other designated individual, per *Senate Rule 5.1.8.5.B.3*.

University of Kentucky – University Senate Retroactive Withdrawal Application Instructor Feedback Form

Student: You must provide a copy of this form to the instructor of record for each course from which you are applying to withdraw, unless this requirement is waived in advance by the dean of the college which will review your application. **PLEASE FILL OUT THE SHADED BOXES.**

| | |
|---|--------------------------------------|
| Student Name: | Student number (<i>not</i> SSN): |
| Course for which feedback is solicited: | |
| Prefix and number: | Semester and Year: |

| | |
|---|-------------------------------|
| <u>Name of dean & college reviewing case:</u> | <u>Dean's Office Address:</u> |
|---|-------------------------------|

Instructor: This student is applying for a retroactive withdrawal from the course designated above, for which you were the instructor of record. Please assist this student by promptly completing this form and returning it to the Dean's Office listed above.

THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE INSTRUCTOR OF RECORD.

1. Attendance

| | |
|--|-------------------------|
| I took attendance in this course (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If "yes," please evaluate the student's attendance: | |
| <input type="checkbox"/> Regular | Until what date: |
| <input type="checkbox"/> Sporadic | Beginning on what date: |
| <input type="checkbox"/> Rare | Beginning on what date: |

2. Performance

| Type of Assignment | Number Given | Number Completed by Student | Student's Average Grade on Assignments |
|---------------------|--------------|-----------------------------|--|
| In-class Assignment | | | |
| Quiz | | | |
| Laboratory | | | |
| Writing Assignment | | | |
| Exam | | | |
| Other (describe): | | | |

| | |
|-------------------------------------|------------------------|
| Student's overall grade at midterm: | Student's final grade: |
|-------------------------------------|------------------------|

3. Student Contact

| |
|--|
| Did you have contact with this student outside of class during the semester? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," how frequently? ▶ |
| Were you aware of this student's situation before receiving this form? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes," how were you made aware? ▶ |

4. Additional Information. Check here ☐ if you have additional comments or information, and attach a separate page with those comments or information.

5. Certification and signature. I verify by my signature below that the above information is complete and correct to the best of my knowledge.

| | | |
|---------------|------------|-------|
| Printed Name: | Signature: | Date: |
|---------------|------------|-------|