



COLLEGE OF HEALTH PROFESSIONS
APPEAL FOR LATE WITHDRAWAL
WITHOUT ACADEMIC PENALTY

To be completed by student: (Form alone will not be considered)

Complete student information below and attach the following with the form:

- 1. Letter stating special circumstances leading to late withdrawal
2. Completed Add/Drop form
3. Supporting documentation (i.e. Letters of recommendation or documentation from physician, employer, etc.)

CRN Course Number/Name Semester/Year (i.e. F 03)

University Identification Number (UIN) Student Name

Street Address

City State Zip

Daytime Phone Evening Phone E-mail

Student's Signature Date

To be completed by professor:

Last day of attendance Approximate grade at time of last attendance

Approve [ ] Deny [ ] Professor's Signature Date

Comments (or attach statement):

Approve [ ] Deny [ ] Department Chair's Signature Date

Approve [ ] Deny [ ] Student Affairs Committee Chair's Signature Date

Approve [ ] Deny [ ] Dean's Signature Date

Sent to Registrar: Date Entered into Banner: Date