



EASTERN KENTUCKY UNIVERSITY

Office of the Registrar: SSB CPO 58, 521 Lancaster Avenue, Richmond, KY 40475-3158
Phone: (859) 622-3876 FAX: (859) 622-6599

PETITION FOR LATE WITHDRAWAL

(Remember to attach all appropriate documentation in support of this appeal.)

Any student who was the victim of extraordinary circumstances which affected their academic performance, and which interfered with their ability to withdraw from a class, or the University, before the end of the 10th week of the semester may submit a petition requesting a late withdrawal. The petition will be considered by the University Withdrawal Appeals Committee. If the petition is approved by the Committee the Registrar will process the withdrawal and assign a "W" grade to any and all affected classes.

Name: _____

Please print.

Student's signature: _____

EKU ID: _____ Day phone: _____

Current mailing address: _____

EKU Email: _____

The Office of the Registrar will only send student record information to your secure EKU email address.

1. **WITHDRAW TERM:** circle and complete year of term of your petition
FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

2. Last term at EKU: _____ Current cumulative GPA (grade point average): _____

3. Degree/Major desired: _____ Hrs. toward graduation: _____

4. If you are **returning** to the University then write in the next term you intend to re-enter EKU:
FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

List below all classes you to withdraw from – if you wish to withdraw from all classes in the above semester simply check the box marked "Complete University Withdraw".

Complete University Withdraw – I am requesting a "W" in each and every class I am/was enrolled in the term indicated above. - [NO NEED TO LIST CLASSES BELOW IF COMPLETE WITHDRAW]-

Specific Class Withdraw

| CRN | Class Prefix (e.g. BIO) | Class Number (e.g. 101) | Instructor Name |
|-------|-------------------------|-------------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



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PETITION: Respond to each of the following in the space provided or on additional paper if necessary.

Remember to attach all appropriate DOCUMENTATION to support this appeal.

- A. Do you have the required DOCUMENTATION to support your claim that extraordinary circumstances, beyond your control, prevented you from withdrawing by the 10th week of the term?

_____ YES..... If yes then you may proceed with completing and submitting this petition.

_____ NOIf no, then please note that **documentation is required** before the Committee can review your petition.

- B. Did you review your midterm grades in the class(es) for which you wish to withdraw? If NOT, why not?

- C. Give a detailed explanation of the extraordinary circumstance with affected your ability to succeed in your class/es and why you did not withdraw from the above class(es) before the deadline to do so (10th week of class). Include additional pages if necessary. **Attach your documentation** to completed petition form.