

REQUEST FOR A LATE CLASS WITHDRAWAL

After the withdrawal deadline posted in the Academic Calendar, students wishing to withdraw from a course(s) while remaining in other courses must request a late class withdrawal. Students wishing to request a late class withdrawal should complete this form, attaching supporting documentation, and get approvals in order: advisor, instructor, and departmental chair (of the course). Submit all information to the Office of the Registrar, Building 18. It is recommended that students continue attending the class until a final decision is confirmed via UWF student email address by the Academic Appeals Committee. Disapproval at any step is final disapproval. If withdrawal is denied, a letter grade of "A-F" will be awarded. If the final decision for a late class withdrawal is approved, you will receive a grade of "W" or "WF, at your instructor's discretion.

Student's Printed Name	Reason for withdrawal (check one): [Requests will only be approved for the following reason(s) (attach appropriate documentation)] <input type="checkbox"/> Death in the immediate family <input type="checkbox"/> Serious Illness of student or immediate family member <input type="checkbox"/> Other situation deemed similar to above (explanation): _____ _____ <input type="checkbox"/> Military Service (unexpected deployment or extended TDY) <input type="checkbox"/> National Guard troop ordered in active service
UWF I.D. Number	
Daytime Phone	
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)	

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

Permission to process a class withdrawal after the deadline is requested for the following reason (request must be written prior to obtaining signatures of advisor and instructor). Please provide specific details and documentation for the reason indicated above.

Student's Signature _____ Date _____

ADVISOR'S DECISION: Approve Disapprove*

Comments: _____

Advisor's Signature: _____ Date: _____

INSTRUCTOR'S DECISION: Approve Disapprove*

Comments: _____

If final decision is approval, I assign a withdrawal grade of (circle one): **W** **WF**

Instructor's Signature: _____ Date: _____

DEPARTMENTAL CHAIR (of the course) DECISION: Approve Disapprove*

Comments: _____

Chair's Signature: _____ Date: _____

**If disapproved, please notify student and send form directly to Registrar's Office at the point of disapproval.*

UNIVERSITY ACADEMIC APPEALS COMMITTEE FINAL DECISION: <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE Comments: _____ Signature/Appeals Committee Representative _____ Date _____
