

University Senate Request for Waiver of *Senate Rules 5.1.8.5.A.2* ("Two-Year Rule")

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

Information about you:

Name: _____	UK ID (<i>not</i> SSN): _____
Area code and telephone number: _____	Email address: _____

Information about your intent to withdraw retroactively:

Semester and year from which you wish to withdraw: _____
College and major during that semester: _____
Current college and major (if different): _____
List course prefix & number for each course from which you seek to withdraw: _____
Explain why you are seeking a retroactive withdrawal (50 words or less): _____

Information about why you could not request a retroactive withdrawal within the time limit:

Because of the following reason(s), I was unable to request a retroactive withdrawal prior to two calendar years from the last day of classes for the semester for which the withdrawal is desired:	
<input type="checkbox"/>	a. serious injury or illness;
<input type="checkbox"/>	b. serious personal or family problems;
<input type="checkbox"/>	c. serious financial difficulties;
<input type="checkbox"/>	d. permanent disability verified by the Disability Resource Center and diagnosed after the semester for which the withdrawal is requested;
<input type="checkbox"/>	e. administrative delay within the college; or
<input type="checkbox"/>	f. other.
Please elaborate on the reasons (150 words or less): _____	

I verify by my signature below that the required above information is complete and is correct to the best of my knowledge, and I hereby request a waiver of *Senate Rules 5.1.8.5.A.2* to allow the Senate's Retroactive Withdrawal Appeals Committee to hear my retroactive withdrawal appeal.

Student's Signature: _____	Date: _____
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-----Below For Office Use Only-----

Request for waiver of <i>SR 5.1.8.5.A.2</i> is APPROVED	DENIED	Determination made by: _____	Date: _____
Waiver is effective for six months. Student should submit completed appeal by: _____			