

**a. 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 (Please print legibly)

| | | |
|---------------------------------|------------------------------|------|
| Name: | Student Number (not 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: <u>If applying for a summer course, provide dates of the course:</u> _____ | | | | |
|---|--------------|------------|--|--------------------------|
| College and major during that semester: | | | | |
| Current college and major (if different): | | | | |
| Under University Senate Rules, you have the right to appear before the Retroactive Withdrawal Appeals Committee in person. Do you wish to do so? (Please check only one) Please initial beside your choice | | | | |
| <input type="checkbox"/> ___ Yes, I wish to appear in person. Please contact me regarding the time, date and location of the hearing. | | | | |
| <input type="checkbox"/> ___ No, I do not wish to appear in person. | | | | |
| List below the required information about courses from which you seek to withdraw. | | | | |
| Course Prefix & Number | 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"/> |

Have you previously applied for a retroactive withdrawal? Yes ~~No~~

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*Dean can waive only if a reasonable attempt to reach the instructor has been made, and the instructor remains unavailable or is unwilling to complete the Instructor Feedback Form (IFF).

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 a reasonable attempt at contact has been made yet the instructor is unavailable or unresponsive. In such cases only, the dean of the college can waive the requirement.
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 did not withdraw during the semester in question.**
3. Documentation supporting the rationale in 2 above. **In the case of medical reason(s), a letter¹ from a medical professional is required. Total paperwork for this item should not exceed 15 pages.**

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| 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 semester(s) indicated. | |
| Signature: | Date: |

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

* * * * *

Instructions for the Student – Please Read Carefully

How to apply. This application must 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 semester 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 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.

Commented [DJ1]: If the change at 5.1.8.5(A4) is approved, this should be changed to "three"

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. A grade of E, XE, or XF as a result of an academic offense may be changed to a W only by a petition to the University Appeals Board and only after a retroactive withdrawal for the semester in which the grade was assigned is granted.

Instructor Feedback Forms. You must submit a completed Instructor Feedback Form from each instructor listed on Page 1. The dean who will review your application can waive this requirement, if a reasonable attempt has been made to reach the instructor and the instructor is unavailable or is unwilling to complete the IFF.

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*.

Part 2 – To be completed by the dean of the college in which the student was enrolled during the semester in question

▶ Please read the instructions before completing this application.

Acknowledgement of Receipt of Application

| | |
|--|--------------|
| Date of receipt of application in Dean's office | |
| Employee receiving application with email address: Signature: | Printed name |
| Email: | |

Information on Individual Completing this Part 2

| | |
|--|-------------|
| Dean or Dean's designee reviewing this application (please print): | |
| Title (if other than Dean): | |
| Office Address: | Speed Sort: |
| Email: | Telephone: |

Student's Name:

| |
|-----------------|
| Student's Name: |
|-----------------|

Please indicate which of the following procedures have been completed:

| |
|---|
| <input type="checkbox"/> I consulted with the student and informed the student of the required procedures for the college's review of the student's application. |
| <input type="checkbox"/> I have reviewed the application, including all necessary supporting materials. |
| <input type="checkbox"/> I have included an unofficial copy of the student's transcript with this application. |
| <input type="checkbox"/> I have prepared a detailed letter to the University Senate Retroactive Withdrawal Appeals Committee (SRWAC) outlining: (1) the reasonable attempts at contact for missing Instructor Feedback Forms (if applicable); and (2) my recommendation to support or not support the student's request, and my rationale therefore. |

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|---------------------------------------|-------|
| Signature of Dean or Dean's designee: | Date: |
|---------------------------------------|-------|

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 by the dean of the college which will review your application. **PLEASE FILL OUT THE T BOXES.**

| | |
|---|-------------------------------|
| Student Name: | Student number: |
| Course for which feedback is solicited: | |
| Prefix and number: | Semester and Year: |
| <i>Name of dean & college reviewing case:</i> | <i>Dean's Office Address:</i> |

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.*

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 |

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 and Email Address: | Signature: | Date: |
|---------------------------------|------------|-------|