

## Brothers, Sheila C.

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**From:** Smith, William T.  
**Sent:** Wednesday, February 12, 2020 6:09 PM  
**To:** Brothers, Sheila C.  
**Cc:** Bird-Pollan, Jennifer  
**Subject:** Retroactive withdrawal documents  
**Attachments:** Retroactive Withdrawal Application with all Forms\_rev.doc; RWAC Proposal Spreadsheet.pdf; SR 1.4.3.3 SRWAC\_toSC.docx; SR 5.1.8.5 RWA\_toSC.docx

Proposal Name: Changes to Senate Rules pertaining to Retroactive Withdrawal Appeals

This is a recommendation that the University Senate approve the proposed changes to SR 1.4.3.3, SR 5.1.8.5, and the Retroactive Withdrawal Application.

Rationale: The SAASC was tasked to work with the Senate Retroactive Withdrawal Appeals Committee (SRWAC) to somewhat streamline the process for students seeking to retroactively withdraw from the University of Kentucky. Additional considerations came from Student and Academic Life. Documents have been submitted with edits to the above mentioned Senate Rules and the retroactive withdrawal application.

William T Smith, Associate Professor  
Dept of Electrical and Computer Engineering  
(859) 257-1009

RWAC Proposals	Proposed changes	Rationale	SAASC Thoughts	Action
1: Changes to SR 1.4.3.4	Changes to Section A	Adds language to indicate whenever possible a member of the RWAC have a medical background	agree	approved
2: Changes to SR 5.1.8.5	Changes to Section A: Requirements	Section 1: adds language to discourage partial withdrawals and set more stringent standards for consideration for partial withdrawals	This is "existing practice" the verbage is just to clarify to all on campus that partials are unlikely to be approved.	approved
		Adds a New Section 3: adds wording to remove uncertainty about courses with a grade of an "I" only retroactively withdraw from completed courses	agree	approved
		Section 4: adds language to establish a time limit of 3 years that cannot be waived by the RWAC thus ending the open-ended appeals process.	SAASC felt 2 yrs adequate and any additional words by removed, as well as the language for waiver	approved
		Additionally small formatting changes	agree	approved
	Changes to Section B: Procedure	Section 3: adds wording to help expedite the process and clarify the role of the RWAC to review the file NOT assist in its construction	SAASC moved 1st sentence (advisor is responsible to help) to the instructions section of form and strike the 2nd sentence	approved
		Section 4: adds language that would impose time limits for length of appearance and allow approval without personal appearance	SAASC decided to strike the 1st sentence and keep the 2nd	approved
		Additionally small formatting changes making 6 sections instead of 5	agree	approved
3: Changes to RWA Form	Part 1:	Langauge to inquire about application for summer courses and dates	agree	approved
		Additional question: Have you previously applied for a retroactive withdrawal	agree and SAASC added an additional line for a place to add dates of previous applications	approved
		Formatting changes to instructions to student	agree	approved
		If change to SR5.1.8.5 section 4 is approved the wording in "when to apply will need to be changed from two years to three.	N/A because we kept the time at 2 years	N/A
SAL Proposal	Proposed changes	Rationale	SAASC Thoughts	Action
1: Changes to SR 5.1.8.5	Changes to Section A: Requirements	Section 3: This proposal was intended to give Undeclared students a different pathway for seeking an RWA	**The students classified as UNUS were previously apart of undergraduate education, a division which no longer exists. The proposal from Student and Academic life will allow flexibility for undeclared students-- allowing them to appeal through the college they currently attend classes, previously attended classes or plan to attend classes at a later date.	approved
		There will be formatting issues within this change due to above changes to SR 5.1.8.5 from RWAC ie, if both are approved it will in section 4	SAASC changed wording from UNUS to Undeclared	approved

**1.4.3.43 Senate Retroactive Withdrawal Appeals Committee (SRWAC)** [US: 12/8/97]

**A.** The SRWAC shall consist of four members of the University Faculty and one student, plus a sufficient number of alternates, named by the Senate Council. A representative of the Associate VP for Employment Equity, a representative of the Counseling and Testing Center, a representative from the Advising Network, and a representative from the Assistant Dean of Students directing the Disability Resource Center, will serve as *ex officio* nonvoting members of the Committee. When possible, at least one member shall have a medical background.

**Commented [WAS1]:** Approved by SAASC

**B.** The Committee shall decide all student requests for retroactive withdrawals as provided by SR 5.1.8.5.

~~**C.** The Committee shall hear any appeals arising from the Community of Concern's decision to impose an Involuntary Medical Withdrawal, as provided by AR 4.12.~~

**Commented [WAS2]:** In discussion with Jim Donovan, this item has been removed and taken up with the UAB.

### 5.1.8.5 Retroactive Withdrawal

Withdrawals initiated after the last day of classes for the semester are governed by this rule. [US: 12/8/97; US 4/12/99]

#### A. Requirements

1. Typically, a student may withdraw from a given semester only if the withdrawal is from all classes. Advisors should discourage the submission of requests for partial withdrawals.

\* In the exceptional circumstance that a student submits a request to the Senate's Retroactive Withdrawal Appeals Committee (SRWAC) for a partial retroactive withdrawal, the criteria to grant such an unusual request shall be higher than for a more ordinary full withdrawal. Should the request be denied by the SRWAC, the student retains a standing to then submit a different request to the SRWAC for retroactive withdrawal from all classes. The act of submission of the second request does not constitute an improper 'appeal' to the SRWAC of the SRWAC's prior decision. [SREC: 6/8/2006]

\* For a request for partial withdrawal to be facially sustainable, the student statement must clearly explain why the circumstances that merit the withdrawal were limited to only a few courses.

2. A grade of E or XE assigned as a result of an academic offence 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 E was assigned is granted. In evaluating such petition, the student must demonstrate that the hardships enumerated in item (4) below also resulted in the academic offense in a manner that the student's culpability is severely diminished as a result. [US: 4/10/2006]

3. The SRWAC may consider petitions to withdraw only from a semester in which all grades are final. It may not consider withdrawal from a course for which the current grade is an I, or otherwise incomplete.

4. Requests for retroactive withdrawals shall be made of the Dean of the college in which the student was enrolled at the time the classes were taken. Students classified as Undeclared at the time the classes were taken may request a retroactive withdrawal of the Dean of their current College, the College where they last attended or the College where they plan to attend. The complete request shall be made before a student has graduated and not later than two calendar years from the last day of classes for the semester for which the withdrawal is requested. The fully complete request shall be submitted using the University Senate Retroactive Withdrawal Application, which includes a form on which an instructor can offer feedback, along with the documentation required by the University Senate as described on that form (<http://www.uky.edu/universitysenate/forms>). [US: 4/9/07; 5/7/2007]

\* "Two calendar years" means two consecutive periods of 365 days (or 366 if leap year) from the last day of classes for the semester for which the withdrawal is requested. [SREC: 5/19/2009]

**Commented [DJ1]:** Formalizes the internal practice and understanding of the committee, and explicitly communicates that while partials are not impossible, they are not a favored strategy and must satisfy a more stringent standard.

**Commented [WAS2R1]:** SAASC Approval, wording

**Commented [DJ3]:** This removes uncertainty about how these instances should be treated. As the grade is still in flux, and in theory salvageable and thus not needing retroactive withdrawal, incompletes should be deemed premature.

**Commented [WAS4]:** Wording from SAL for undeclared students SAASC approved.

**Commented [DJ5]:** In the alternative to these changes to the statute of limitations, which some committee members felt was overly strict, the Senate is invited to consider specific guidelines identifying the conditions under which a waiver could be considered. Lacking that guidance, and in the interest of being consistent, SRWAC has approved all waivers in the opinion that any questions of merit is more equitably addressed at the hearing phase than at the waiver. If, however, the Senate were to provide criteria by which a principled decision could be made on waiver, that approach would achieve the same goal as the changes suggested.

**Commented [WAS6R5]:** SAASC felt that 2 years was adequate and the remaining verbiage was unnecessary because the student after 2 years has the ability to declare academic bankruptcy. Jim wanted me to make sure that the committee understood that academic bankruptcy cannot be considered here routinely because MOST of the appeals they hear the student is continuously enrolled.

5. Retroactive withdrawals may be granted only when the student has demonstrated satisfactory evidence that the student has incurred:

- (a) a serious injury or illness;
- (b) serious personal or family problems;
- (c) serious financial difficulties; or
- (d) permanent disability verified by the Disability Resource Center and diagnosed after the semester for which the withdrawal is requested.

6. Retroactive withdrawal from a class in which an XE or XF has been imposed shall not be granted.

## B. Procedure

To the extent possible, the following procedures shall be uniform throughout the University:

1. The presence of a hold on a student's record shall have no effect on the submission, receipt, transmission, or review of an appeal for a retroactive withdrawal. [US: 5/7/2007]

2. The Dean shall recommend approval or disapproval of the request and shall forward the recommendation to the SRWAC, normally within 30 days of receipt of the petition and all supporting documentation. It is within the purview of the Dean to waive the requirement that a student must submit an Instructor Feedback Form(s) for reasons such as unavailability of the instructor or hardship on the student. If the Dean waives the submission of the Instructor Feedback Form(s), the justification must be included in the Dean's letter recommending approval or disapproval of the retroactive withdrawal appeal. [US: 5/7/07; US 5/8/2008]

The SRWAC shall rule on the request based on the submitted file, normally 30 days from receipt of the petition and all supporting documentation from the Dean.

3. The student shall have the right to appear in person before the Committee to present his or her request and shall have the right to be represented by an attorney or other designated individual. If the SRWAC in its initial review votes to approve the request, the personal appearance shall be unnecessary.

4. The SRWAC shall forward all approved requests to the Office of University Registrar for implementation.

5. The SRWAC shall forward a copy of its decision - whether the request was approved or not - to the Dean of the student's current college and to the Dean of the College in which the student was enrolled at the time of the retroactive withdrawal, if different from the current college. The Dean of the student's current college shall notify the student and Instructors of Record of the SRWAC's decision.

\* There is no provision in the retroactive withdrawal process prescribed in the Senate Rules for a dean to block, overturn, or appeal a SRWAC decision. [SREC: 4/14/2006]

**Commented [WAS7]:** SAASC felt that this first sentence is to be added to the RWA form and removed from the SR and to strike the 2<sup>nd</sup> sentence

**Commented [DJ8]:** This is a time-saving change, so that time-consuming personal appearances are not spent on cases that the committee would already approve based on the submitted file.

- \* There is no 'cause of action' within the Senate Rules for appeal of the SRWAC's decision to either an administrator or to another University committee, except if the student attempts to make a case that the SRWAC's actions had constituted a violation of the academic "rights" of the student. In such a case, the cognizant entity to receive and entertain such an appeal is the University Appeals Board (see SR 6.5.1.2). [SREC: 4/14/2006]

**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: If applying for a summer course, provide dates of the course: _____
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  
Provide dates of previous application: \_\_\_\_\_

\*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).

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Deleted: 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 letter<sup>1</sup> from a medical professional is required.** Total paperwork for this item should not exceed 15 pages.

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. [Your advisor has primary responsibility in offering assistance on compiling the application file.](#) 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 graduation<sup>2</sup>.

**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 have<sup>3</sup>. 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.

<sup>1</sup> In cases of injury and physical/mental illness, you must include a *diagnosis* by a medical professional.

<sup>2</sup> 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.

<sup>3</sup> You may be represented before the SRWAC by an attorney or other designated individual, per *Senate Rule 5.1.8.5.B.3*.

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Commented [WAS1]: This line was taken from the suggested revisions by RWA and added here by SAASC

Commented [DJ2]: If the change at 5.1.8.5(A4) is approved, this should be changed to "three"



**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:
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**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); <b>and</b> (2) my recommendation to support or not support the student’s request, and my rationale therefore.

Signature of Dean or Dean’s designee:	Date:
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## 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 &amp; 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:	
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## 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:	
If applying for a summer course, provide dates of the course: _____	
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

Provide dates of previous application: \_\_\_\_\_

\*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 letter<sup>1</sup> from a medical professional is required.** Total paperwork for this item should not exceed 15 pages.

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. [Your advisor has primary responsibility in offering assistance on compiling the application file.\[WAS1\]](#) 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\[DJ2\]](#) years from the last day of classes of the semester from which withdrawal is requested AND prior to graduation<sup>2</sup>.

**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 have<sup>3</sup>. 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.

<sup>1</sup> In cases of injury and physical/mental illness, you must include a *diagnosis* by a medical professional.

<sup>2</sup> 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.

<sup>3</sup> 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:
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**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); <b>and</b> (2) my recommendation to support or not support the student’s request, and my rationale therefore.	
Signature of Dean or Dean’s designee:	Date:

# University Senate - Retroactive Withdrawal Application

## INSTRUCTOR FEEDBACK FORM

<b>Student:</b> You must provide a copy of this form to the instructor of record for <u>each</u> course from which you are applying to withdraw, unless this requirement is waived by the dean of the college which will review your application. <b><u>PLEASE FILL OUT THE T BOXES.</u></b>	
Student Name:	Student number:
Course for which feedback is solicited:	
Prefix and number:	Semester and Year:
<i>Name of dean &amp; 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:
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