Indiana University Northwest
Late Course Withdrawal Request Form

Name: ____________________________________________

Student ID Number: ________________________________

Student Email Address ______________________________

Student Local Address _______________________________________

Street

City State ZIP

Poor performance in a course is not considered grounds for a late withdrawal. Requests to withdraw from courses after the established withdrawal period requires extenuating circumstances beyond the student’s control. Students requesting a late withdrawal from course work after the posting of final grades should submit a Student Grade Appeal Form.

As reviews are completed, each official can date, note the recommendation (Approve or Disapprove), and sign as indicated in the box below. This will simplify the appeal to the Academic Affairs Committee in the case that one or more officials disapprove the appeal.

I request late withdrawal from _________________________

Exact Course Title

________________________, a course that I took at IUN during the _______________ Semester of the academic year (fall, spring or sum) (i.e. 2011)

Crse Dept Crse Number

Please attach a typed explanation for the late withdrawal. Include all supporting, verifiable documentation (e.g. doctor or hospital records).

By signing below, the student authorizes IU Northwest to conduct an independent review of your statement, supporting documentation, and academic history.

Student Signature __________________________ Date ________________

REQUIRED Signatures

Date Recommendation

________ Approve / Disapprove (circle one) Signature of instructor: ____________________________

Date Recommendation

________ Approve / Disapprove (circle one) Signature: ____________________________

Date Recommendation

________ Approve / Disapprove (circle one) Signature of student’s dean: ____________________________

For Office Use Only

Date Recommendation

________ ______________ **Signature of Academic Affairs Committee Chair: ____________________________

________ ______________ Printed Name of AAC Chair: ____________________________

________ ______________ Update of Student Record (for approved changes): ____________________________

***The signature of the Academic Affairs Committee chairperson is not required if the appeal is approved by the faculty member, department chairperson and dean.

Note: Late withdrawal requests submitted without a typed explanation, supporting documentation or required signatures will not be considered by the academic unit