



INDIANA UNIVERSITY  
NORTHWEST

SEMESTER ADMINISTRATIVE WITHDRAWAL REQUEST

**Administrative Withdrawal Policy (excerpt)**

Students who believe that circumstances beyond their control make it necessary for them to withdraw from all classes after the automatic W deadline may request a retroactive administrative withdrawal. The request should specify why an exception to the campus withdrawal policy should be made. In circumstances when a medical problem is the reason for the withdrawal, the request must be accompanied by a signed statement from the student’s attending health care professional indicating that, in their opinion, a medical condition interfered with the student’s ability to succeed academically. In other circumstances, appropriate documentation is also required. No grades may be changed more than four (4) years from the last day of classes for the semester in question.

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Preferred phone number \_\_\_\_\_ Last date attended \_\_\_\_\_

I request retroactive administrative withdrawals because I was unable to withdraw from my \_\_\_\_\_

(semester, year) classes before the Automatic W deadline, or the following reason(s):

I have attached documentation that supports my case. Medical documentation should be in the form of a letter from a medical professional indicating that the student became ill after the deadline and so was unable to follow the withdrawal procedures. Do not send documentation with information that can only be interpreted by a medical professional.

***I have consulted the Office of Financial Aid and Scholarships and I understand that if I received any financial aid for the semester in question, my aid may be returned to the funding source and I may owe money back to IU Northwest.***

Signature \_\_\_\_\_ Date \_\_\_\_\_