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

Crse Dept _______ Crse Number _______ , a course that I took at IUN during the _______ Semester of the academic year _______

(fall, spring or sum) (i.e. 2011)

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) Student’s advisor, program director or chairperson

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.