

PETITION FOR RETROACTIVE WITHDRAWAL

Name: _____ Date: _____

ID#: _____ Major: _____ Email: _____

Local Mailing Address: _____ Local Phone: _____

Semester/year for which withdrawal is requested: _____

Spring _____
Summer _____
Fall _____

A petition for retroactive withdrawal may be considered in case of a documented, serious illness or extreme hardship. All items listed on this checklist will constitute the petition.

- Student-written petition signed by the student to include:
 - Rationale for request;
 - Effective date of withdrawal _____ (provide documentation from professors of last date of class attendance);
 - Current major and major during semester during which withdrawal is requested;
 - Supporting documentation from physicians, counselor, etc.
 - Copy of MSU transcript.
 - If the student receives financial aid, a statement from the student that he/she has consulted with the Financial Aid Office and that he/she understands what effect, if any, a retroactive withdrawal would have on the aid.
 - If petitioner is a graduate student, statement whether he/she is a recipient of an assistantship or fellowship.

If the petition is approved, the student is to process the withdrawal through the Office of the Registrar.

Comments/Conditions: _____

Advisor's Printed Name **Date** _____
Advisor's Signature **Date**

Department Head's Printed Name **Date** _____
Department Head's Signature **Date**

Dean's Printed Name **Date** _____
Dean's Signature **Date**

VP for Academic Affairs' Printed Name **Date** _____
VP for Academic Affairs' Signature **Date**