

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 Registrar.

Comments/Conditions: _____

Advisor

Date

Department Head

Date

Dean

Date

VP for Academic Affairs

Date