

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