

LATE COURSE WITHDRAWAL PETITION

INSTRUCTIONS

To have your petition reviewed by the Registration Appeals Board, describe the extenuating circumstances that affected your ability to turn in a Course Withdrawal by the deadline.

Submit the completed petition to Registrar@purchase.edu.

If you are requesting a medical withdrawal from all of your courses for the semester, please contact the Office of Student Affairs at (914) 251-6030. Petitions will only be accepted 1-2 weeks after the official withdrawal deadline, depending on the extremity of the circumstances.

Note: This is a request for consideration; approval is *not* guaranteed.

NAME: _____ ID#: _____

SEMESTER: Fall Winter Spring Summer 20____

CRN: _____ COURSE# _____ TITLE: _____

Instructor's Signature (Required): _____ Date: _____

Advisor's Signature (Required): _____ Date: _____

Associate Dean's Signature (Required, freshmen only): _____ Date: _____

Student's Signature: _____ Date: _____

Check the appropriate box for the basis of your appeal. On the back of this form, please describe the extenuating circumstances and attach all supporting documentation before submitting your petition.

**If you are requesting a withdrawal for a medical reason, send this form to:
Student Affairs, Student Services bldg., 3rd floor.
(914)251-6030.**

Bereavement: Provide an explanation noting your relationship to the deceased and how the occurrence specifically affected your **ability to turn in a Course Withdrawal by the deadline**. Supporting documentation is required (e.g. an obituary, funeral notice, etc.).

Personal: Provide a detailed explanation noting the circumstance and how the occurrence affected your **ability to turn in a Course Withdrawal by the deadline**. Supporting documentation is required (e.g. legal documents, police reports, etc.).

Course Related: If your appeal is based on issues directly related to the course, you are encouraged to first discuss these issues with the instructor and the appropriate academic director or coordinator. In an appeal, provide a detailed explanation of the situation and include any relevant documentation.

Use this space to describe the extenuating circumstances that affected your ability to turn in a Course Withdrawal by the deadline:

If you are requesting a withdrawal for a medical reason, bring this form to:
Student Affairs, Student Services bldg., 3rd floor.
(914)251-6030.

The Registration Appeals Board will review your petition and you will be notified of a decision within 5 business days.

Office Use Only:

Approved Denied _____
Signature of Official Date

Student Notified _____ By: _____