

In special and unusual circumstances beyond the student's control, a student may, with documented evidence, petition for retroactive withdrawal from the University. The request must be submitted to the Registrar within 60 days of the withdrawal term. If approved, <u>all grades</u> awarded during the withdrawal semester will be changed to a grade of W.

| Student Information (Please Print or Type) | | |
|--|------------------------------------|--------------------------------|
| Student Name: | Student ID: | |
| UNA E-mail: | Phone: | |
| Term Requesting Retroactive Withdrawal: | | |
| Note: Retroactive University Withdrawal may adversely affect prior and athletic eligibility, etc. | future financial aid, schola | rship award, health insurance, |
| Incident requiring withdrawal from the University: | | |
| Death of Immediate Kin Military Deployme | nt Other* | |
| *If other, describe incident: | | |
| Date of incident causing withdrawal from the University: | | |
| Documentation Attached: | | |
| Petition Letter (required) Legal Documentation | Military Orders | Medical Documentation |
| Death Certificate, Obituary, Proof of Kinship | Other: | |
| Signature(s) | | |
| Student Signature*: | Date: | |
| *By signing this form I am acknowledging that I have up to sixty days withdrawal is requested to apply for retroactive withdrawal from the Uni | s (60) following the end of | the semester for which the |

withdrawal is requested to apply for retroactive withdrawal from the University. I recognize that petitions filed after this time may or may not be accepted. Further, I accept that all course grades for the term requested will be changed to "W" and that submission of any fraudulent materials will subject me to immediate judicial referral.

Student Financial Services Signature*: _____

*Required if Financial Aid was received.

Form should be submitted to the **Office of the Registrar** with appropriate documentation and signatures.