

WEST VIRGINIA STATE UNIVERSITY

PETITION FOR RETROACTIVE WITHDRAWAL

DUE TO CATASTROPHIC CIRCUMSTANCES

Process for submitting a Retroactive Withdrawal Petition:

1. Complete the Petition for Retroactive Withdrawal Form.
2. Attach supporting and official documentation which demonstrates serious and compelling reasons related to the catastrophic circumstances (usually due to serious accident or illness) justifying the request for retroactive withdrawal.
3. *Request must be accompanied by a copy of the student's unofficial academic transcripts from the Registrar's Office and submitted when obtaining all required signatures. If applicable, a doctor's excuse or proof of military deployment must also be submitted at this time.*
4. ***Submit the petition and documentation to withdraw from a course or courses with a grade of "W" after the end of the "withdrawal" period and within the semester in question to the Dean of the College where the student's major is housed. The request must also be received by the VP of Business & Finance within***
5. All signatures are required and must be obtained prior to any actions toward the withdrawal. Final signature must be acquired by the Vice President of Business and Finance.
6. Once all necessary signatures are obtained and a decision is made, the College Dean will send all documentation to the Registration & Records Office for processing if approved. You will receive notification of the final decision within 10 days of submission from the office of Academic Affairs.

Step 1: Student Information

Please print your current information below:

Name: _____ A# _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By signing below, I certify that all information and documentation related to this request is factual, accurate, and complete. I fully understand that if any information provided is falsified or omitted (this includes attached documents, excuse(s) provided, etc.), the request for Retroactive Withdrawal will be invalid and may prohibit any future request of this nature. Whether approved or denied, I understand that this is a one-time only application for the Retroactive Withdrawal Petition; this request cannot be revisited for future approval. I acknowledge and understand that the approval of this request does not release me from any financial obligation owed to the University.

Date: _____ Sign: _____

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Step 4: Instructor Justification and Required Signatures

Obtain signatures of each instructor that may be involved in the decision process related to the retroactive withdrawal request. Please make sure to attach academic transcripts and all supporting documentation, then have the information below filled out by the instructor(s).

Course: _____	Withdrawal: Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Last Date of Attendance: _____
Comments: _____ _____			
Date: _____	Print: _____	Sign: _____	

Course: _____	Withdrawal: Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Last Date of Attendance: _____
Comments: _____ _____			
Date: _____	Print: _____	Sign: _____	

Course: _____	Withdrawal: Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Last Date of Attendance: _____
Comments: _____ _____			
Date: _____	Print: _____	Sign: _____	

Course: _____	Withdrawal: Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Last Date of Attendance: _____
Comments: _____ _____			
Date: _____	Print: _____	Sign: _____	

Course: _____	Withdrawal: Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Last Date of Attendance: _____
Comments: _____ _____			
Date: _____	Print: _____	Sign: _____	

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Step 5: Departmental Chair Justification and Required Signatures

Obtain signatures of each Departmental Chair that may be involved in the decision process related to the retroactive withdrawal request. Please make sure to attach academic transcripts and all supporting documentation, then have the information below filled out by the Departmental Chair(s).

Course: _____	Withdrawal:	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date: _____
Comments: _____				

Date: _____	Print: _____	Sign: _____		

Course: _____	Withdrawal:	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date: _____
Comments: _____				

Date: _____	Print: _____	Sign: _____		

Course: _____	Withdrawal:	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date: _____
Comments: _____				

Date: _____	Print: _____	Sign: _____		

Course: _____	Withdrawal:	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date: _____
Comments: _____				

Print: _____	Sign: _____			

Course: _____	Withdrawal:	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date: _____
Comments: _____				

Print: _____	Sign: _____			

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Step 6: Representative Signatures Required

Answer the questions below as it applies to the term in which you are requesting a retroactive withdrawal. Meet with the appropriate representative of each office and obtain signatures.

Did you receive financial aid, loans, grants, or scholarships?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>The Director of Financial Aid & Scholarships (FSA) must fill out the information below.</i>		
Date: _____ Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/> Last Date of Attendance: _____		
Comments: _____		
Print: _____ Sign: _____		

Do you have an outstanding balance with the University?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>The Cashier's Office must fill out the information below & provide a copy of any debt owed.</i>		
Date: _____ Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>		Balance: \$ _____
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____		Payments: \$ _____
Comments: _____		
Print: _____ Sign: _____		

Were you a veteran receiving veteran's educational benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, then meet with the Veterans Service Coordinator, have them fill out the information below.</i>		
Date: _____ Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>		
Comments: _____		
Print: _____ Sign: _____		

Are you an international student with an F1 or J1 visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, meet with International Student Affairs (ISA) Office, have them fill out the information below.</i>		
Date: _____ Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>		
Comments: _____		
Print: _____ Sign: _____		

Were you a student athlete?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, then meet with the Student Athlete Services (SAS), have them fill out the information below.</i>		
Date: _____ Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>		
Comments: _____		
Print: _____ Sign: _____		

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Step 7: Submit for approval to the Academic Affairs Office

If request is denied in step 7, the application is recorded as such and voided.

Meet with the Associate Provost or Provost and have them fill out the information listed below.	
Date: _____	Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>
Comments or Concerns: _____	

Print: _____ Sign: _____	

Step 8: Submit for approval to the Office of Business and Finance

Please note, any information obtained prior to the approval of step 8, will be included in the decision-making process.

Meet with the VP of Business and Finance, and have them fill out the information listed below.	
Date: _____	Withdrawal: Approve <input type="checkbox"/> Deny <input type="checkbox"/>
Student is to receive a "W" for the following:	
<input type="checkbox"/> <u>ALL</u> Classes for the semester/year listed below.	
<input type="checkbox"/> Select classes listed on page 2 for the semester/year listed below.	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20 _____	
Comments or Concerns: _____	

Print: _____ Sign: _____	