



**COLLEGE-LEVEL APPEAL PERTAINING TO RETROACTIVE WITHDRAWAL**

*This form must be delivered as soon as possible, but not later than **thirty (30) days** from the date of receiving the final grade in the class for which the retroactive withdrawal is being sought.*

*A written statement outlining your intent and reason for requesting the retroactive withdrawal, as well as any supporting documentation to validate the personal circumstance(s) under which the retroactive withdrawal is being sought, **should be submitted with this appeal form.***

**Student Information**

<b>Name</b>			
<b>Student number</b>		<b>NSID</b>	
<b>Address</b>			
<b>Telephone</b>		<b>UofS email address</b>	
<b>Alternative email address</b>			

**Information and Documentation**

<b>Current Academic Standing</b>	<b>Academic Warning</b> <b>Academic Probation</b> <b>Academic Suspension</b> <b>Academic Dismissal</b>
<b>List of classes for which retroactive withdrawal is being requested</b>	
<b>Documentation Attached</b>	<b>Yes</b> <b>No</b>
<b>Type of Documentation Attached</b>	<b>Letter stating the reasons for the appeal</b> <b>Medical Documentation</b> <b>Academic success plan</b> <b>Other:</b>

**By submitting the Retroactive Withdrawal Appeal Form to the Student Academic Affairs Committee within the College of Engineering, you hereby acknowledge that you have reviewed and understand the Retroactive Withdrawal Guiding Principles, as well as that all pertinent and substantiating information pertaining to your appeal has been submitted with this document.**

**For further clarification on the appeals process or any of its stipulations, please consult an Academic Advisor within the College of Engineering.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

