



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

Name			
Student number		NSID	
Address			
Telephone		UofS email address	
Alternative email address			

Information and Documentation

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

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: _____

