



Petition for Authorized Withdrawal

Part A - To be completed by the student

Authorized withdrawals from any course(s) are considered by The Committee on Standards (COS) at any point in the semester prior to the submission of a course grade by the course instructor. Such withdrawals are granted only under documented exceptional circumstances which are beyond a student's control (e.g. medical). COS must receive all parts of this form (A, B, and C) before its review of petition.

Name: _____ HWS ID #: _____

Year/Class Level: _____ Name of Advisor: _____

Course Number: _____ Course Title: _____

Term: _____ Name of Instructor: _____

Rationale for Request: _____

(Student's Signature)

(Date)

PLEASE RETURN TO THE OFFICE OF THE HOBART AND WILLIAM SMITH DEANS

Action of Committee on Standards: _____

(Signature of Dean)

(Date)



Petition for Authorized Withdrawal

Part B - Documentation of exceptional circumstances beyond the student's control, to be completed by a qualified professional or service provider

Committee on Standards Professional or Service Provider Report Form (for use in support of authorized withdrawal petition)

NOTE: This form is to be completed by the student's health care provider and mailed directly to the Office of the Deans, in conjunction with a signed release of information by the student.

Provider's Name: _____ Student Name: _____
Licensed as: _____ College: _____
License #: _____ Date of First Appointment: _____
State of Licensure: _____ Date of Most Recent Appointment: _____

Please provide your professional judgement in response to the following:

1. The usual course load is four courses per semester. Is there a medical reason you would recommend a withdrawal of one or more courses this semester? _____ Yes _____ No
2. If yes, please discuss your reason with reference to the student's medical condition:

3. Additional Comments:

Provider Signature: _____ Date: _____



Petition for Authorized Withdrawal

Part C - To be completed by the instructor of the course

The student named below is petitioning to the Committee on Standards for an authorized withdrawal from the course listed. The required comments/ signature of the instructor does not constitute approval or disapproval of the student's petition.

Name: _____ Year/Class Level: _____

Course Number: _____ Course Title: _____

Name of Instructor: _____ Name of Advisor: _____

STUDENTS SHOULD COMPLETE THE INFORMATION ABOVE AND THEN SUBMIT THIS FORM TO THEIR COURSE INSTRUCTOR FOR COMMENTS.

Note: this form should be completed by the course instructor and sent directly to the office of the Deans.

Comments regarding status in class:

(Signature of Instructor)

(Date)

() Check here if you would like to meet with the COS for a consultation

PLEASE RETURN TO THE OFFICE OF THE HOBART AND WILLIAM SMITH DEANS