



**Petition for Retroactive Authorized Withdrawal**  
Part A - To be completed by the student

**Subsequent to the submission of the final grade, a grade may be changed to a withdrawal, in very extraordinary circumstances, by the Committee on Standards, acting in consultation with the student's instructor, advisor, and dean. Approved retroactive withdrawals will be communicated immediately to the student's advisor and instructor.**

Name: \_\_\_\_\_ HWS ID #: \_\_\_\_\_

Year/Class Level: \_\_\_\_\_ Name of Advisor: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Title: \_\_\_\_\_

Term: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Rationale for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

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

**PLEASE RETURN TO THE OFFICE OF THE DEANS**

Action of Committee on Standards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Dean)

\_\_\_\_\_  
(Date)



**Petition for Retroactive Authorized Withdrawal**

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

**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 healthcare provide 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. Please discuss your opinion of the impact of the student's medical condition on their ability to complete coursework during the impacted semester:

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2. Additional Comments:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Petition for Retroactive Authorized Withdrawal

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

**Subsequent to the submission of the final grade, a grade may be changed to a withdrawal, in very extraordinary circumstances, by the Committee on Standards, acting in consultation with the student's instructor, advisor, and dean. Approved withdrawals will be communicated immediately to the student's advisor and instructor. The student named below is petitioning to the Committee on Standards for a retroactive withdrawal from the course listed.**

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 YOUR COURSE INSTRUCTOR FOR COMMENTS.**

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**



## Petition for Retroactive Authorized Withdrawal

Part D- To be completed by the student's advisor

**Subsequent to the submission of the final grade, a grade may be changed to a withdrawal, in very extraordinary circumstances, by the Committee on Standards, acting in consultation with the student's instructor, advisor, and dean. Approved withdrawals will be communicated immediately to the student's advisor and instructor. The student named below is petitioning to the Committee on Standards for a retroactive withdrawal from the course listed.**

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 YOUR COURSE ADVISOR FOR COMMENTS.**

Comments regarding status in class: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of Advisor)

\_\_\_\_\_  
(Date)

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

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