



Retroactive Withdrawal

Return this form to extendedstudies@csupueblo.edu. Submission of this form does not guarantee approval of the withdrawal request. Withdrawal requests are reviewed on a case-by-case basis. Please allow 3-5 business days for a response. Students whose withdrawals are denied may elect to submit an appeal to the Provost's Office for a final decision. Appeals must be submitted no later than 20 working days after the date of notification of denial by the Extended Studies staff.

TERM ENROLLED:

- SPRING 20____
- SUMMER 20____
- FALL 20____

REASON:

- PERSONAL PROBLEMS
- FAMILY DEATH
- DEPLOYMENT/RELOCATION
- DOCUMENTED MEDICAL
- ADMINISTRATIVE ERROR
- NO SHOW (NOT APPLICABLE TO INDEPENDENT STUDY)

TYPE OF COURSE:

- ONLINE
- INDEPENDENT STUDY
- STS/CONCURRENT

FUNDING SOURCE:

- SELF-PAY
- FINANCIAL AID
- VA/TA

FULL NAME _____ PID# _____

MAILING ADDRESS _____ CITY/ST/ZIP _____

EMAIL ADDRESS _____ PHONE# _____

COURSE NUMBER & TITLE _____ INSTRUCTOR _____

Required Documentation (initial as completed) **Failure to attach necessary documents will result in automatic denial of your request.**

____ Attach to this form a detailed statement of how the Reason listed above impacted your inability to complete the requirements of the course(s) for which you are requesting a withdrawal. Any additional letters in support of your request are encouraged.

____ Attach to this form supporting documentation for family death, military orders, or signed medical diagnosis/schedule of treatment. Information may be redacted from documentation at your discretion and a decision will be made based on the information made available.

Disclaimers (initial where applicable)

____ For Financial Aid Recipients: By signing this form, I acknowledge withdrawing from a course may impact my Financial Aid eligibility, award, and/or Satisfactory Academic Progress. I am responsible for complying with Financial Aid policies, remaining balances, and working with Student Financial Services to discuss how my eligibility may be impacted.

____ For VA/TA Recipients: By signing this form, I acknowledge withdrawing from a course may impact my military benefits. I am responsible for complying with VA/TA policies and working with the necessary parties to discuss how my eligibility may be impacted.

____ For International Students: By signing this form, I acknowledge withdrawing from a course may impact my eligibility as an International Student. I am responsible for working with the Center for International Programs to discuss how my eligibility may be impacted.

____ For Student-Athletes: By signing this form, I acknowledge withdrawing from a course may impact my athletics eligibility. I am responsible for working with the Athletics Compliance Director to discuss how my eligibility may be impacted.

____ For High School Students: By signing this form, I acknowledge withdrawing from a course may impact my eligibility as a high school student and I may be financially liable to my home school, district, and/or necessary parties for any costs paid on my behalf. I am responsible for working with my home school, district, and/or necessary parties to discuss how my eligibility may be impacted by my withdrawal.

By signing this form, I acknowledge that this form was initiated and completed by myself. Extended Studies does not hold any liability associated with withdrawing from a course.

Signature

Date

For Office Use Only:

Received Date:	Committee Review Date:	Committee Decision:	Decision Notification Date:
----------------	------------------------	---------------------	-----------------------------