



RETROACTIVE WITHDRAWAL REQUEST

A student may request that all grades in previous terms be retroactively removed and replaced by entries of "W" on his/her transcript if he/she had experienced, during that term, health and/or personal problems so severe that he/she could not reasonably have been expected to complete the term satisfactorily. Application for a retroactive withdrawal may occur any time after the current term and before conferral of a degree. The Retroactive Withdrawal request form must be submitted with supporting documentation to the Registrar's Office. Documentation must include specific information from a professional who can attest to the students' claim of illness or legal issues, speak clearly to the difficulty that was encountered by the student and correlate to the specific time frame requested. After a request is received by the Registrar's Office, it will be addressed by the Retroactive Withdrawal Committee. Once the request is reviewed and a decision is made, the student will be notified of the outcome by mail. If a student chooses not to share such information, the Student Academic Appeals Board will decide the case based on the information available.

If a student chooses to appeal the decision of the Retroactive Withdrawal Committee, the student must submit a formal appeal including thorough documentation as listed above. The appeal must be submitted, or postmarked if mailed, to the student Academic Appeals Board no later than 20 working days after the date of the initial decision of the Retroactive Withdrawal Committee. The Academic Appeals Board Decision is the final decision of the University. If no appeal is received before the deadline, the Retroactive Withdrawal Committee's decision will be considered final. Examples of reasonable requests for retroactive withdrawal include: 1) death of immediate family member, 2) serious personal/family problems, 3) unexpected deployment or relocation, and 4) diagnosed physical or mental condition/illness.

A retroactive withdrawal is not allowed if a student has already earned a degree from Colorado State University-Pueblo and the term being requested is prior to the degree conferral. **Retroactive withdrawal applies to every class for the requested term(s), not for selective courses during a term.** An approved retroactive withdrawal will have no impact on any financial balance owed to the University. Please contact Student Billing Services for Tuition Appeal Information.

Name: _____ PID: _____
(Please Print) First Last MI

Address: _____
Street City State Zip

Phone Number: _____

I would like to request retroactive withdrawal for the following semester(s)/year(s): _____

For the following reason: _____

(Please attach additional page if necessary)

Return this form along **with any supporting documentation** to the Registrar's Office (ADM 202) or fax to: 719-549-2419.

Student Signature: _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Received By: _____ Date: _____

Approved: YES NO

Registrar: _____ Date: _____