

North Central State College

REQUEST FOR LATE WITHDRAWAL

(Policy effective Summer Term 2007)

The **DEADLINE** to submit this form is: 6th Friday after finals week. NO forms will be accepted after the deadline date.

ATTENTION STUDENT: In the space provided below, please explain your **extenuating circumstances** on why you missed the posted withdrawal date. **Be specific.** If it was for medical reasons, you **must** provide documentation **from your doctor** specifically outlining the dates you were under the doctor's care. The doctor's letter must also state that you were unable to attend class and/or work due to your medical condition.

Requests for withdrawal after the posted withdrawal date are not routinely approved. Submitting this request does not guarantee a favorable decision. To pursue a withdrawal after the posted withdrawal date, complete this form and return it to the Senior Administrative Assistant in the Vice President's office. (**Room 158 Fallerius Technical Education Center**).

SS or ID Number: _____ Date: _____

Name: _____ Term/Year: _____
(Last) (First) (MI) (for late withdrawal)

Student Signature: _____ Phone No. _____

E-Mail Address (NCSC student e-mail preferred): _____

REF. #	COURSE NO.	SECTION	COURSE TITLE	LAST DATE ATTENDED
1				
2				
3				
4				
5				
6				

EXPLAIN YOUR EXTENUATING CIRCUMSTANCES (attach additional sheet, if necessary): _____

FOR STUDENT RECORDS OFFICE USE ONLY:		
Change made on system _____	SD/KH-1	
Notification sent to student _____	DS/KH-1	

- NOTE TO FACULTY:**
1. Please review the student's explanation for late withdrawal on the reverse side of this form.
 2. Fill in Last Date Student Attended Class column.
 3. Make a decision as to recommend or not recommend approval of the request. You are under no obligation to recommend. The student is informed that a favorable decision is not guaranteed and that requests for late withdrawal are not routinely approved. Please consider carefully before making a decision.
 4. If this request for late withdrawal is not completed by the time you need to electronically record the student's grade, please record the grade the student has earned to date. If the request for late withdrawal is subsequently approved, the student's grade will be changed to a "W" at the Student Records Office.
 5. Please sign the appropriate box and forward to your divisional dean or department chair.

THIS SIDE FOR INTERNAL USE

REF. #	COURSE NO. & SECTION	FACULTY NAME	LAST DATE STUDENT ATTENDED CLASS	STUDENT GRADE ON LAST DATE ATTENDED	FACULTY APPROVAL (CHECK ONE)	FACULTY SIGNATURE	DEAN/CHAIR APPROVAL (CHECK ONE)	DEAN or DEPARTMENT CHAIR SIGNATURE
1				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	
2				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	
3				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	
4				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	
5				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	
6				PASSING _____ FAILING _____	RECOM. _____ DENY _____		RECOM. _____ DENY _____	

Approved

Denied

COMMENTS:

VICE PRESIDENT FOR ACADEMIC SERVICES

DATE: