

## University of Kentucky - Request for Retroactive Withdrawal

*This side to be completed by the student*

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

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Semester and year you wish to withdraw from \_\_\_\_\_

College and major during the semester under consideration \_\_\_\_\_

Current college and major (if applicable) \_\_\_\_\_

Do you wish to appear before the committee in person?<sup>1</sup> \_\_\_\_ yes \_\_\_\_ no

List all courses for the semester under consideration<sup>2</sup> (include course prefix, number, title, instructor name and telephone number)

### Student Checklist

\_\_\_ I have included a detailed personal statement explaining my rationale for this request that

1. Explains a serious injury or illness, or serious personal/family problems, or serious financial difficulties, or a permanent disability verified by the Disability Resource Center and diagnosed **after** the semester in question.
2. Explains why you were unable to withdraw during the semester in question.

\_\_\_ I have attached documentation to support my rationale for this request  
(petitions without documentation will not be considered)

\_\_\_ I have consulted with my Academic Dean and completed the necessary procedures for my college to evaluate my case and make a preliminary ruling (your Dean will complete the other side of this form)

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<sup>1</sup> "The student shall have the right to appear in person before the Committee to present his or her request and shall have the right to be represented by an attorney or other designated individual" (University Senate Rules 4.1.8.3 transmittal November 28, 1997). The committee will contact you if you elect to appear in person.

<sup>2</sup> "Typically, a student may withdraw for a given semester only if the withdrawal is from **all** classes" (University Senate Rules 5.1.8.3 transmittal November 28, 1997).

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*This side to be completed by the Dean of the college where  
the student was enrolled during the semester in question*

Name (of Dean reviewing the case): \_\_\_\_\_

Address \_\_\_\_\_ Speed Sort \_\_\_\_\_ Phone \_\_\_\_\_

College \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

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**Checklist of procedures for the Dean in the retroactive withdrawal process**

1. The Dean consults with the student and informs him/her of required procedures to facilitate the particular college's review process (i.e. documentation requirements, whether instructor feedback is required, etc.)
2. Upon receipt of necessary documents from the student, the Dean reviews the case and makes a preliminary recommendation to support or not support the student's request. This recommendation should be in the form of a detailed letter to the committee outlining the college's position for the particular case in question.
3. The Dean shall provide the committee with an unofficial copy of the student's transcript(s).
4. All materials shall be forwarded (even in cases where the Dean does not support the request) to the Faculty Senate Office in a timely manner after the Dean has made the recommendation.
5. The Senate Retroactive Withdrawal Appeals Committee will review the case and render its decision (usually within 30 days). The Dean's office will be notified of the decision and, in turn, the Dean notifies the student and instructors (if applicable).

\_\_\_ I support the student's request for retroactive withdrawal.

\_\_\_ I do not support the student's request for retroactive withdrawal.

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date