LATE WITHDRAWAL PETITION
UNC Asheville ▪ OneStop Student Services ▪ Ramsey Library 011 ▪ CPO #1570 ▪ 828-350-4500
(To request permission to withdraw from one or more classes after the Withdrawal Deadline)

In all cases, appropriate documentation is required. Students should continue to attend classes and complete assignments until they are notified of the decision. Petitions will not be considered if submitted one calendar year beyond the date the initial grade was earned.

Name (Print)_________________________________ UNC Asheville ID# 930________________

Last    First   Middle

UNC Asheville Email ___________________________________@unca.edu     Phone ______________

Read the following information and complete the instructions as appropriate for your exception request.

Examples of situations that may merit a Late Withdrawal
Extended hospitalization and/or unexpected serious health problems, death in the family during the enrolled semester

Examples of situations that do not merit a Late Withdrawal
Academic difficulties or becoming “overwhelmed”, chronic health problems and/or illnesses of short duration

1. On a separate sheet of paper, give a complete explanation of your request for this exception.
2. Attach documentation that supports your request. Petitions submitted without documentation are unlikely to be approved.
3. If you are not requesting a Late Withdrawal from ALL courses, explain why your situation affects only some of your courses.

LIST THE COURSE(S) FOR WHICH YOU ARE REQUESTING A LATE WITHDRAWAL:

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<th>Semester/Year</th>
<th>Department/ Course Number</th>
<th>Section</th>
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Late Withdrawals are subject to approval or denial by committee review. You must provide an explanation of the extenuating circumstance and/or emergency situation that prevented you from withdrawing by the published deadline. In all cases, we will confer with your instructors. You must provide documentation that supports the situation described. You will be informed of the committee’s decision via your UNC Asheville email account.

I hereby declare all statements and attachments submitted are true and accurate. My request reflects a situation where a Late Withdrawal request is appropriate.

Financial Aid Representative Signature ___________________________ Date ______________

Dean of Students Signature ___________________________ Date ______________

Student Signature ___________________________ Date ______________

(if you are receiving Financial Aid)

(if living on campus and request takes you below 12 hours)

For office use only

Received in OneStop by: ________Initials Date ______________ Complete (Y/N) ________ Needs: ____________________________

Decision: □ Approved  □ Denied ________Initials Date ______________

Changes Processed (if approved) by: ________Initials Date ______________

Student File Comments Updated by: ________Initials Date ______________

Student Notified by: ________Initials Date ______________

Rev. 2/17