Instructions for Submitting a Course Withdrawal Request

The UNCG Course Withdrawal Policy allows students who have experienced extenuating circumstances to submit a request for a course withdrawal from the current term or a retroactive course withdrawal up to one year following the term in which course(s) were taken. If a Course Withdrawal Request is approved, you will receive either W or WE grades on your transcript, which will not negatively impact your GPA or your academic standing at the University.

In accordance with the Academic Integrity Policy, a Course Withdrawal Request (CWR) will not be approved for a course/courses in which an academic integrity violation has resulted in an “F” grade. If a sanction other than an “F” has been received, a CWR may be approved at the committee’s discretion. All CWRs will be reviewed with the Dean of Students Office to determine if a student has or had an academic integrity violation during the semester in which they are requesting the course withdrawal. NOTE: Academic integrity violations will remain on your record even if you are approved for a course withdrawal request.

TOTAL VS SELECTIVE WITHDRAWAL
As part of your Course Withdrawal Request, you must indicate whether you are requesting a total withdrawal or a selective withdrawal. A total course withdrawal is a request to be withdrawn from all courses in a term. A selective course withdrawal is a request to withdraw from one or more courses, while keeping other course(s) and grade(s) from the same term.

For either a total or selective withdrawal, please clearly state how your circumstances impacted your academic performance and provide documentation. For a selective withdrawal, you must also explain the reason(s) you were able to demonstrate success in some courses, but not in others.

COURSE WITHDRAWAL REQUEST CHECKLIST
Below you will find a checklist and additional information to help you develop the strongest appeal possible for consideration by the Course Withdrawal Request Committee

☑ Detailed explanation of how circumstances impacted academic success
Did you explain your appropriate cause or extenuating circumstances? This is required before any request can be considered for approval. The term “appropriate cause” means events or circumstances beyond your control that have substantially interfered with your ability to succeed in your course(s). For a selective withdrawal, you must also explain the reason(s) you were able to demonstrate success in some courses, but not in others.

An appropriate cause can be:

- Medical/Psychological circumstances
- Personal/Family Emergency
- Unexpected Death of a Family Member
- Domestic Violence/Sexual Assault
- Serious Car Accident
- Changes in Employment
- Unexpected Financial Difficulty
- Military Service/Deployment

☑ Documentation of appropriate cause/extenuating circumstances
Have you included official documentation of each appropriate cause or extenuating circumstance outlined in your statement of explanation? Examples of possible documentation are outlined in the table below. If you are unsure about what documentation to include, contact the Students First Office for assistance.

<table>
<thead>
<tr>
<th>APPROPRIATE CAUSE</th>
<th>SUGGESTED DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Psychological circumstances</td>
<td>• Medical documentation or statement from physician or therapist on letterhead including dates of service or care and diagnosis (if any)</td>
</tr>
<tr>
<td>Personal/Family Emergency</td>
<td>• Medical documentation or statement from physician on letterhead including dates of service or care and diagnosis (if any)</td>
</tr>
<tr>
<td></td>
<td>• Notarized statement from parent or family member</td>
</tr>
</tbody>
</table>

Effective December 15, 2016
Death of a Family Member
- Copy of an obituary, funeral program, or certified death certificate
- Statement of the relationship between the student and the deceased to accompany the obituary or funeral program

Domestic Violence/Sexual Assault
- Copy of police report or court/legal documents
- Statement from physician or therapist on letterhead including dates of service or care

Serious Car Accident
- Copy of police report
- Medical documentation or statement from physician on letterhead including dates of service or care

Changes in Employment/Unexpected Financial Difficulty
- Statement from Employer indicating employment change/termination
- Financial/Bank statements

Military Service/Deployment
- Military orders showing dates of deployment, training, or service

☐ Copy of course syllabi (required for a selective course withdrawal ONLY)
Are you submitting a Selective Course Withdrawal? If so, you must include copies of a syllabus for each course that you are requesting to be withdrawn from. Typically, course syllabi are available on Canvas or from your instructor.

☐ Preliminary review by an advisor in the Students First Office
Have you scheduled an appointment to review your Course Withdrawal Request materials with an SFO staff member? Although this is not required, you are strongly encouraged to schedule a preliminary review of your request once you have gathered all the necessary materials. Appointments may be scheduled by calling 336-334-5730 or emailing students@uncg.edu.

OTHER HELPFUL TIPS
- If you are requesting a course withdrawal in course(s) taken in more than one term, submit a separate form for each term.
- All Course Withdrawal Requests may be submitted up to one year following the term in which requested course(s) were taken. However, Course Withdrawal Requests will not be approved for students who have already graduated.
- If you are still enrolled in the class, continue to attend, unless circumstances prevent you from doing so, until you know the results of your request.
- If requesting a total course withdrawal for the current term, please note that you may be required to reapply through Undergraduate Admissions.
- Be sure to make copies of your documents prior to submitting the Course Withdrawal Request.
- When you are ready to submit your Course Withdrawal Request, please turn in the entire packet of materials to the Students First Office, 061 McIver Building.

COMMITTEE DECISION & TIMELINE
Once you submit your Course Withdrawal Request to the Students First Office it will be submitted to the Course Withdrawal Request Committee, who will request information from your instructor(s) and/or from other departments before making a decision. You will be notified of the committee’s decision within four (4) weeks of submitting your request. All notifications will be sent to your UNCG email account (or the email account provided if not currently enrolled) and will include the reason(s) why your request has or has not been granted, as well as any other important information related to the decision.

REQUESTS FOR RECONSIDERATION
The Course Withdrawal Committee’s decision can only be reconsidered if you submit new information and/or documentation to support your original request. Any new materials must be submitted to the Students First Office within thirty (30) days of receiving the original decision. The Committee’s decision on a request for reconsideration is final. No further consideration or appeal can be made to any other office, department, or University official.

Effective December 15, 2016
Course Withdrawal Request Form

Name: ___________________________ Student ID#: ___________________________

Telephone: ___________________________ Email: ___________________________

Students have one year following the term in which course(s) were taken to submit a Course Withdrawal Request.

I. I am requesting a (circle one): Selective Course Withdrawal  Total Course Withdrawal

II. Term to which this request applies (circle only one): Fall  Spring  Summer  Year: ___________

List below the course(s) for which you wish to request a Course Withdrawal:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

III. Please provide a detailed explanation describing your reason(s) for this request and how this request meets the “appropriate cause” standard defined in the Course Withdrawal Request Instructions.

IV. Please list the official documentation that you are including with your request. If you are requesting a selective withdrawal, you must also submit a copy of the syllabus for each course affected. See the Course Withdrawal Request Instructions for additional assistance.

______________________________________________________________________________

V. Are you registered with the Office of Accessibility and Resource Services (OARS), formerly the Office of Disability Services, for a medical or psychological condition related to your Course Withdrawal Request (circle one)?  Yes  No

VI. Are you currently receiving VA Education Benefits (circle one)?  Yes  No

VII. Recommended Preliminary Review: Prior to submitting your Course Withdrawal Request, you are strongly encouraged to schedule an appointment with the Students First Office for a preliminary review of all materials related to your request. Appointments may be scheduled via email (students@uncg.edu) or phone (336.334.5730). If applicable, please list the name of the person you met with in the Students First Office: ___________________________

VIII. Consent to Disclosure of Educational Records and/or Health Records: In order to accurately process your request, University officials may need to share information from your educational records and/or health records, including information you provide in connection with this request, with individuals both inside and outside the University (e.g., health professionals, other schools you have attended, etc.). The Federal Educational Rights and Privacy Act prohibits the disclosure of personally identifiable information from your educational records under certain circumstances unless you give written consent. While your request will be considered even if you do not give consent to disclosure, failure to give that consent may hinder the ability of University officials to accurately assess your request. Please select one of the options below.

[ ] I **DO** give consent to disclose information from my educational records and/or health records as necessary for the consideration of my request.

[ ] I **DO NOT** give consent to disclose information from my educational records and/or health records as necessary for the consideration of my request.

______________________________________________________________________________

Student’s Signature  Date

Effective December 15, 2016