

## 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 A **total course withdrawal** is a request to be withdrawn from *all courses* in a term.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
- Serious Car Accident
- Changes in Employment
- Domestic Violence/Sexual Assault
- 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.*

**\*\*For documentation from The Student Health Center or Counseling Center, you may access your “walk-out” statements via your [patient portal](#). For steps on how to access your documents in the patient portal visit this link [HERE](#).**

APPROPRIATE CAUSE	SUGGESTED DOCUMENTATION
Medical/Psychological circumstances	<ul style="list-style-type: none"> <li>• Medical documentation or statement from physician or therapist on letterhead including dates of service or care and diagnosis (if any)</li> </ul>
Personal/Family Emergency	<ul style="list-style-type: none"> <li>• Medical documentation or statement from physician on letterhead including dates of service or care and diagnosis (if any)</li> <li>• Notarized statement from parent or family member</li> </ul>
Death of a Family Member	<ul style="list-style-type: none"> <li>• Copy of an obituary, funeral program, or certified death certificate</li> <li>• Statement of the relationship between the student and the deceased to accompany the obituary or funeral program</li> </ul>

<p>** Domestic Violence/ Sexual Assault</p>	<ul style="list-style-type: none"> <li>• Copy of police report or court/legal documents</li> <li>• Statement from physician or therapist on letterhead including dates of service or care</li> </ul> <p><i>** Withdrawal requests disclosing incidents of sexual assault, domestic violence, dating violence, stalking, or sexual- or gender- based harassment must be reported to our Title IX Coordinator. The Title IX Coordinator will reach out to offer support, resources, and/or an investigation. Know, however, you are in control over what other information, if any, you decide to share with them. If you wish to discuss reporting options confidentially before, while completing, or after you submit this form, the Campus Violence Response Center (CVRC) is available to support you. The CVRC is located on the ground floor of the Gove Student Health Center and can be contacted by phone at <b>336-334-9839</b>.</i></p>
<p>Serious Car Accident</p>	<ul style="list-style-type: none"> <li>• Copy of police report</li> <li>• Medical documentation or statement from physician on letterhead including dates of service or care</li> </ul>
<p>Changes in Employment/ Unexpected Financial Difficulty</p>	<ul style="list-style-type: none"> <li>• Statement from Employer indicating employment change/termination</li> <li>• Financial/Bank statements</li> </ul>
<p>Military Service/Deployment</p>	<ul style="list-style-type: none"> <li>• Military orders showing dates of deployment, training, or service</li> </ul>

**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](mailto: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, 101 Forney 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.**



### Course Withdrawal Request Form

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*\*UNCG email must be used for currently enrolled students; personal emails can only be used for students not currently enrolled\**

**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. **Please note that once submitted, SFO only maintains electronic records. All hard copy documents will be destroyed.**
  


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- 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](mailto: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 with this request, with individuals 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 April, 4, 2020



**OPTIONAL: Scan here to download a mobile scanner and submit your request electronically!**