

# LATE/RETROACTIVE MEDICAL WITHDRAWAL GUIDELINES

## GUIDELINES AND CRITERIA:

*To request a complete late or retroactive medical withdrawal from a semester.* A student may request that all grades in an academic period be retroactively removed and replaced by entries of “W” on his/her transcript. A late/retroactive withdrawal may be granted only when a student has experienced circumstances, or an incident of such trauma and major proportions, that she/he could not have reasonably been expected to possess normal capabilities necessary to complete the academic period satisfactorily or complete a University Withdrawal. Applications for a retroactive withdrawal must be made within one year of the term for which the appeal is being filed.

This process is not intended for the relief of students under the following or similar conditions:

- ◆ Did not pass their courses
- ◆ Forgot to withdraw from their courses during the term
- ◆ Were ignorant of the deadlines (these are printed in the semester bulletin every semester)
- ◆ Changed to a major which does not require these courses
- ◆ Assumed extracurricular or employment activities which restricted the student’s time for academic pursuit
- ◆ Were ill or suffered stress as the result of an accident, death, family crisis, or other crisis early enough in the semester to have withdrawn before the published deadline.

Note: This list is not comprehensive. If you have questions about the appropriateness of your claim, please consult with your faculty academic advisor.

## STEPS:

The student must submit a written Late/Retroactive Medical Withdrawal Petition through his/her faculty/academic advisor to the Office of the Vice President for Academic Affairs describing the circumstances which have led the student to request a late/retroactive medical withdrawal.

1. The petition **must include a personal statement** with a sufficient description of the severity of the medical circumstance which prohibited the successful completion of the semester as well as the reason why the student was not able to withdraw from the course(s) during the published deadline for withdrawal during the term.
2. In addition to the petition, the following **documentation is required**:
  - ◆ Withdrawal based on illness (either of the student or of a family member) requires completion of the affidavit provided by Washburn University by a licensed health care provider giving **information as to the severity of the illness and its effect on the student's academic performance, including the exact date of the start of the illness, the date the student could no longer attend classes, and the date of the recovery.**

- ◆ Withdrawal based on a traumatic event which affects the student's mental health resulting in a detrimental impact on the student's academic performance requires **documentation which verifies the event (including dates)** as well as **confirmation from an objective third party of the impact on the student's academic performance.**

Incomplete applications will be returned to the appropriate faculty/academic advisor for her/his action.

The petition will be reviewed by the Academic Affairs Medical Withdrawal Advisory Committee. The Medical Withdrawal Advisory Committee will provide a recommendation to the Associate Vice President for Academic Affairs who will take this recommendation under advisement prior to rendering a decision regarding the approval/disapproval of the petition.

### **RESULTS:**

When a retroactive medical withdrawal is granted, **ALL** grades for the entire semester will be changed to a "W". If a request for a late/retroactive medical withdrawal is denied, a student may submit a second request for that particular semester providing additional pertinent information, but no further appeals will be permitted.

**No costs associated with University enrollment, including tuition and fees, will be refunded unless** the date of the onset of the situation leading to the medical withdrawal petition is determined to fall within the University's established refund policy time frames.

### **MEMBERS -ACADEMIC AFFAIRS MEDICAL WITHDRAWAL ADVISORY COMMITTEE:**

*Note: Other Committee Members Will Participate as Appropriate (e.g., International Program Coordinator for International Student Medical Withdrawal Petitions).*

- ◆ Associate Vice President of Student Life
- ◆ Financial Aid Representative
- ◆ Academic Dean of Petitioner – For Undeclared Students, typically the Arts and Sciences Dean will participate
- ◆ Director of Student Health Services or designee
- ◆ Director of Counseling Services
- ◆ Director of Student Services
- ◆ Director - Equal Opportunity
- ◆ Bursar

# PETITION FOR LATE/RETROACTIVE WITHDRAWAL

|  |  |
|--|--|
| <b>CHOOSE ONE:</b><br><br><input type="checkbox"/> Late Withdrawal Petition<br>(Check this if you are withdrawing from the current term)<br><br><input type="checkbox"/> Retroactive Withdrawal Petition<br>(Check this if you are withdrawing from a previous term) | <i>For Office Use Only</i><br><br>Date Received: _____<br><br>Decision Date: _____ |
|--|--|

**STUDENT INFORMATION (Please print legibly)**

|                         |         |
|-------------------------|---------|
| Date of Petition:       | WIN:    |
| Name (Last, First, MI): |         |
| Street Address:         |         |
| City, State, Zip:       |         |
| Phone:                  | E-Mail: |

**COURSES TO BE WITHDRAWN (ALL courses for term must be listed):**

| <b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |   | <b>Year:</b> _____ |  |
|--|---|--------------------|--|
| CRN<br>(sample 10422)  | Course Number/Name<br>(sample HI111B – U.S.<br>History I) | Instructor Name    | Instructor Initials<br>(REQUIRED for<br>Current Term Only) |
|  |   |                    |  |
|  |   |                    |  |
|  |   |                    |  |
|  |   |                    |  |
|  |   |                    |  |

Major during the semester under consideration: \_\_\_\_\_  
 Current Major (If applicable): \_\_\_\_\_

The last date you attended class in the petitioned semester: \_\_\_\_\_, \_\_\_\_\_  
Month                      Day    Year

Did you receive Financial Aid during the term for which you are requesting a complete withdrawal?  
 (Yes/No) \_\_\_\_\_

Have you been granted a complete late/medical withdrawal before? (Yes/No) \_\_\_\_\_ If yes, when?

\_\_\_\_\_  
Semester/Year

**RATIONALE AND SUPPORTING DOCUMENTATION:**

*(Refer to the Late/Retroactive Withdrawal Guidelines to determine the appropriate documentation required. Documentation should not exceed 15 pages and should clearly articulate why your situation prohibited you from successfully completing your academic studies during the semester in question. Petitions without documentation will not be considered.)*

**Include a detailed, typed personal statement** explaining your rationale for this request which explains a) the serious injury or illness, or the traumatic event which affected your mental health, and b) why you were unable to withdraw prior to the deadline in the semester in question.

I understand that approval of my request for a late/retroactive withdrawal may affect my financial status and that it is my responsibility to see a financial aid advisor. I verify that this retroactive withdrawal is being requested within one year of the term for which the appeal is being filed. In addition, I understand that approval of this petition for withdrawal will result in the award of grades of "W" in ALL classes for the semester in question. All of the information provided in this petition is accurate and complete to the best of my knowledge.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

**Faculty/Academic Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required)

**DECISION: (For Office Use Only)**

Approved                       Denied

| Office                          | Signature | Date |
|---------------------------------|-----------|------|
| Academic Dean                   |           |      |
| Associate Dean of Student Life  |           |      |
| Associate VP – Academic Affairs |           |      |

*(Submit this completed form and all documentation to the Office of the Vice President for Academic Affairs)*

**WASHBURN UNIVERSITY**

**Affidavit of Licensed Health Care Provider**

Petitioner:

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

\_\_\_\_\_  
WIN

\_\_\_\_\_  
Address, City, State, Zip

Petitioning for withdrawal from all classes during the Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Session/Semester due to serious illness or injury. (Please include the year/date and then circle the semester)

By my signature on this document, I grant permission to my health care provider to release the medical information pertinent to my petition for withdrawal from Washburn University.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Health Care Provider information:**

I, \_\_\_\_\_ the undersigned, being first duly sworn on my oath, depose and say:

- 1) I am a health care provider duly licensed by the proper governing board for the licensure of health care providers in the state in which I practice.
- 2) That the above named student is/was a patient under my treatment or care From \_\_\_\_\_ to \_\_\_\_\_.  
Start Date End Date



Description of Illness/injury:

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