

**UNIVERSITY OF LOUISVILLE**  
**School of Public Health and Information Sciences**  
**Petition for Late Withdraw**

Student Name:

Student ID:

Email:

Date:

Class #	Dept. Abbrev.	Course#	Section	Semester	Instructor
<i>ie 5784</i>	<i>ie PHUN</i>	<i>ie 101</i>	<i>ie 01</i>	<i>ie Fall 2017</i>	<i>Walton</i>

Is this:

A complete withdrawal from all courses in the semester indicated? \_\_\_\_\_

Selective withdrawal? How many hours will you have remaining? \_\_\_\_\_

Explain your reasons for the request in a clear and concise manner **on a separate sheet (preferably typed or very clearly written).**

- Only documented, non-academic reasons that occur after the deadline and cannot be anticipated will be considered. These include the student's illness or injury, serious personal or family problems, serious financial difficulties, and work schedule conflicts.
- It is important to be specific about what happened and when it occurred during the semester.
- If you are petitioning to withdraw from one of several courses (selective withdrawal), please explain why only the one course was affected by the circumstances you cite in your petition.
- If providing supplemental documentation, it must be attached to your petition.
  - Original documentation must be on letterhead
- Please remember you are asking for an exception to a posted deadline.

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

(required)

Academic Counselor signature \_\_\_\_\_

Presentation Date \_\_\_\_\_

Office of Student Services, 013  
 School of Public Health and Information Sciences  
 485 E. Gray Street  
 University of Louisville  
 Louisville, KY 40202

**Granted:** \_\_\_\_\_

**Not Granted** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

### NOTICE OF PETITION/REQUEST FOR INSTRUCTOR REMARKS

This form **must** accompany a student's petition for a waiver of the deadline to withdraw. **It is the student's responsibility to request instructor remarks.** You may also email the form to the professor. The form can be turned in with the student petition, or the instructor may submit it via campus mail or email to SPHIS Student Services.

#### TO BE COMPLETED BY STUDENT

<i>Student Name:</i>	
<i>Student ID:</i>	
<i>Course:</i>	
<i>Instructor:</i>	

#### Request to WITHDRAW

Student's signature \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Instructor's signature \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

#### TO BE COMPLETED BY INSTRUCTOR

**NOTE:** *This form will be made part of the student's record in the Advising Center.*

The student named above is submitted a petition as stated above. Your input is essential for consideration. Please provide any additional comments or recommendations.

#### LATE WITHDRAWAL, CHANGE TO/FROM AUDIT AND PASS/FAIL

1. When did the student stop attending your course?\_
2. Did the student take any exams/quizzes?
3. On what date was the first grade returned to the student?
4. When did the student *LAST* take an exam/quiz or turn in any other assignments?
5. What is the student's grade in your course, or what was it when he/she stopped attending?
6. When did the student first approach you about this petition?

#### Comments or Recommendation on this request:

Thank you for your prompt assistance with this matter.