Academic Appeals Form

RETROACTIVE WITHDRAWAL

Registrar Staff sign and date this form: _______________________________ Signature ________________ Date ________________

Fill-In Information Below:

Student Name: _______________________ CWID: ___________________

Home Address: __________________________________________________

Phone: 502-597-6340 Street ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Fax: 502-597-6239 Home Phone: (___) _________ Advisor: ____________________________

The Academic Appeals Committee can best contact me at the following address:

Local Address: __________________________________________________

Street ____________________________ City ____________________________ State ____________________________ Zip ____________________________ Phone ________________

Pick the type of Retroactive Withdrawal Sought:

________ Retroactive withdrawal from ALL course(s) for the _________________ term after the official deadline.

________ Retroactive withdrawal from a course(s) after the official deadline

List course numbers here:_________________________________________________________________

1. **Attach a letter from you.** Write the committee a letter explaining exactly why you are appealing for retroactive withdrawal. Tell the committee why your appeal should be granted. All committee records are confidential. Be sure to sign your letter.

2. **Provide DOCUMENTATION:** For example, if you had medical or legal difficulties, include something on official stationery from your doctor or lawyer. Letters on official stationery and or photocopies of official documents are best. According to the catalog, the committee CANNOT grant your appeal unless you provide documentation to support your appeal.

3. **Letter from your advisor (optional):** Ask your advisor to write a letter to support your appeal. If your advisor is not available, find your advisor’s chairperson or dean and ask him/her to review your appeal. Although not required, such a letter may improve your chances of having your appeal granted. You may also want to ask your instructor(s) to write a letter in support of your appeal.

4. **Turn in your completed form, letter, and documentation by the deadline:** two days before the next regular semester begins. This appeal must be returned to the Office of Academic Affairs, Hume Hall, Suite 202, Kentucky State University, Frankfort, KY, 40601. If you have questions please call (502) 597-5531. Fax number (502) 597-6409.

For complete directions and guidelines for appeals, please refer to the Academic Policies section of the latest edition of the KSU Catalog.