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APPEAL FOR LATE WITHDRAWAL/AUDIT

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P _____

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- Use this form for:**
- A single course change**
 - WITHDRAW** from an individual class **or** change a single course to an **AUDIT** after the last day of student-initiated withdrawals (see academic calendar for dates)
 - Appeal for late withdrawal from all classes** (must be completed within 30 days after the beginning of the next semester)

Check student type: Degree seeking Non-degree seeking

PLEASE PRINT

Last name _____ First _____ Middle _____ UA ID# _____

Mailing address _____ Evening Phone Number _____

City, State, Zip _____ Day Phone Number _____

E-Mail Address _____

Student Information

Appeals are approved in exceptional cases only. Approval is not automatic. You must provide documented evidence to support your request. Examples of acceptable non-academic appeals include: family emergency, medical condition, or disciplinary sanctions. Appeal requests for students seeking to avoid unsatisfactory grades are not acceptable.

Single course change (enter the information below).

CRN	DEPT	COURSE #	SECTION	COURSE TITLE	AUDIT ✓	WITHDRAW ✓

OR

Appeal for a late withdrawal of **all** of my classes for the following semester: FALL SPRING SUMMER YEAR _____

Type of change

ALSO, complete the following checklist before signing and submitting this form:

- The last date I attended class(es) was _____ (Required for all).
- I have attached written reason/evidence for the appeal. *I understand that this form will be returned to me if incomplete and/or submitted without documentation.*
- I have updated my mailing address under the "Personal Information" tab at UAOnline (uaonline.alaska.edu) and will check my assigned UA email account for necessary correspondence regarding this appeal.
- I will be seeking a refund of tuition. I must submit a *Request for Exception: appeal for refund* form which can be found at www.uaf.edu/bursar/forms.
- I am a Degree seeking student. I will:
 - ✓ Check with the Financial Aid Office on how this may impact my eligibility or return of financial aid
 - ✓ I will obtain my advisor's signature

DEPARTMENT	DEPT SIGNATURE	DATE	CHARGES
1. Financial Aid (Required for all degree seeking students)			
2. Bursar's Office (Required for all)			

*This change is not official until **all steps** are completed. Retain your validated copy of all transactions until the end of the semester when you receive your grades. Bring your copy of the transaction with you if you have any questions.*

Your signature below indicates the information provided within this form is true, accurate and that you accept responsibility for any outstanding financial obligations owed to the university.

Signatures

STUDENT'S SIGNATURE		Date
ACADEMIC ADVISOR'S SIGNATURE		Date
APPEALS COMMITTEE DECISION REGISTRAR'S SIGNATURE	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date

Registrar Office only

Action Taken _____ Date _____ Initials _____