STUDENT LATE WITHDRAWAL / DROP APPEAL PROCESS

Students who feel that they have had extraordinary personal circumstances that contributed to their academic difficulties may petition for a late withdrawal or drop by requesting an "Application for Withdrawal / Drop Appeal" from the Office of the Registrar.

Students may appeal for a late withdrawal or drop within one year of the conclusion of the semester or term of enrollment in question. The Withdrawal/Drop Appeal form and supporting documentation must be submitted to the Office of the Registrar by fax (918.343.7595), email (registrar@rsu.edu), or mail (Registrar’s Office 1701 W. Will Rogers Blvd Claremore, OK 74019). If supporting documentation does not accompany the appeal, the appeal may be denied or delayed in processing.

The Appeal form along with all supporting documentation will be reviewed by the Registrar's office, the Director of Financial Aid and the Bursar for recommendation and comment. The Appeal form with supporting documentation, comments, and recommendations will then be forwarded to the Vice President for Academic Affairs for final consideration. If approved, the courses for the term requested will be withdrawn or dropped appropriately based on the decision of the administration and the student will be notified. If denied, the student will be notified.

**Drop appeal**- Appeal for course(s) to be completely removed from transcript. If approved, the tuition/fees will be removed. A drop appeal may require financial aid to be returned.

**Withdrawal appeal**- Appeal for graded courses to be changed to W grades on transcript. Tuition/Fees for the course(s) will not be removed.
ROGERS STATE UNIVERSITY
APPLICATION FOR WITHDRAWAL/DROP APPEAL

Name: _____________________________________ Student ID: _________________

Address: ______________________________________________________________ 
Street/Box Number    City   State  Zip

Telephone Number: (        ) ____________________________________

Email Address: _____________________________________________

☐ I am requesting a Withdrawal Appeal for the fall/spring/summer semester 2_______ 
Circle one               year

☐ I am requesting a Drop Appeal for the fall/spring/summer semester 2_______ 
Circle one              year

*See previous page for description of withdrawal appeal and drop appeal

List course(s):________________________________________________________________

Please explain the extenuating circumstances that you feel contributed to your academic difficulties during the semester. Please include documentation to support your circumstance. Please allow 4-6 weeks for processing. Lack of documentation may result in denial or delayed processing.

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____________________________________________________ _________________________
Student Signature       Date

FOR OFFICE USE ONLY

Withdrawal Appeal was: Granted _____________________ Denied ___________________

Comments: ______________________________________________________

____________________________________________________ _________________________
Vice President for Academic Affairs      Date