Late Withdrawal Request Form
Withdrawal after the 4th/10th Week (Undergraduates)

INSTRUCTIONS
Both sides of this form must be completed. Please complete steps 1-4 below before completing the other side of this form.

Step I: Please review and initial the following checklist to assist you through the late withdrawal request process. If the statement does not apply to you, mark N/A (not applicable).

  ___ I have reviewed the Guidelines for Late Withdrawal Requests.

  ___ I have met with my Academic Advisor to discuss withdrawal options and understand the potential impact on my academic plan.

  If I am on any form of financial aid, I have contacted the Office of Student Financial Assistance and Student Accounts to obtain information about how a withdrawal will affect my current and future financial aid and student account: https://studentserviceshub.gwu.edu/visit-student-services-hub

  ___ I have contacted Disability Support Services to review how a withdrawal will affect my accommodations: https://disabilitysupport.gwu.edu

  ___ I am an international student and have contacted the International Services Office to discuss the impact of a withdrawal on my visa status in the United States: http://internationalservices.gwu.edu/

  ___ I am a student-athlete and have contacted the Compliance Officer in the Department of Athletics to discuss the impact of a withdrawal on my eligibility status: http://www.gwsports.com/

  ___ I am a student-veteran and have contacted the Office of Military and Veteran Student Services to discuss the impact of a withdrawal on my veteran educational benefits: http://services.military.gwu.edu/

  If the withdrawal request is based on medical grounds, I am required to provide supporting, verifiable documentation from licensed medical professionals to substantiate the request. This documentation may be provided by the Student Health Center or an outside provider who is treating the student. Documentation should be submitted directly to the student's Undergraduate Advising Office: http://studenthealth.gwu.edu/

Step II: Attach the following to this completed form:

  • A PERSONAL STATEMENT that provides compelling evidence of the necessity of your withdrawal after the deadline. Please also address, if applicable, the following information:

    o Specific dates of when the events/condition occurred that led you to pursue this request.

    o When you stopped attending class(es), if applicable.

  • SUPPORTING, VERIFIABLE DOCUMENTATION for Academic, Administrative, Financial, or Personal reasons (examples may include deployment paperwork, obituaries, police reports, affidavits, bank statements, divorce summaries, etc.).

    o If you are requesting a withdrawal based on medical grounds, you must provide supporting, verifiable documentation from licensed medical professionals at the Student Health Center or an outside provider.

Step III: Complete the Other Side of this Form.

Step IV: Submit your withdrawal packet (request form, personal statement, and supporting documentation) to your academic advisor or your advising office front desk staff. Your Academic Advisor will submit the complete packet to the Director of Academic Advising for your School/College. Students will be notified by GW Email. Students should not assume that late withdrawal requests will be approved. Students should continue to attend class, submit assignments, utilize campus resources, and consider alternatives until they are notified of the status of their withdrawal request.
Step V: Please review the guidelines & checklist on the other side of this form and complete the information below. Be sure to include the following: (1) your personal statement; (2) supporting and verifiable documentation as applicable; (3) any applicable health documentation. Submit this form with supporting documentation to your School’s Academic Advising office for review by the Committee on Academic Withdrawals.

Student Name ____________________________ GWID _______________________

GW Email ____________________________ @gwu.edu ____________________________ Phone ____________________________

Major ____________________________ Advisor ____________________________

School/College:  □ CCAS  □ ESIA  □ GWSB  □ SEAS  □ GWSPH

Level:  □ FR  □ SO  □ JR  □ SR

Visa Type (if applicable):  □ F-1  □ J-1  □ Not Applicable

Please check the appropriate boxes:

Type of Withdrawal:  □ Full  □ Partial

Semester/Year from which you are requesting a withdrawal:  □ Fall  □ Spring  □ Summer  Year: __________

Academic Integrity: are there any charges (pending or otherwise) for the courses listed below?  □ Yes  □ No

Reason for Withdrawal:  □ Academic  □ Administrative  □ Financial  □ Medical  □ Personal

List the course(s) from which you wish to withdraw:

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<tr>
<th>CRN</th>
<th>SUBJ</th>
<th>COURSE #</th>
<th>SECTION</th>
<th>CREDITS</th>
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Read before signing: I have reviewed the guidelines on the other side of this form. I understand that submission of this form does not guarantee approval and that the decision will be made by the Committee on Academic Withdrawals.

Student Signature ____________________________ Date __________

Action Taken:  □ Approved  □ Denied

Comments:

Representative Signature ____________________________ Date __________

Date Student Notified: __________ Date Form Processed: __________