



# 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:  
<http://colonialcentral.gwu.edu/visit-colonial-central>
- \_\_\_\_\_ 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 **Colonial 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:
  - Specific dates of when the events/condition occurred that led you to pursue this request.
  - 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.).
  - If you are requesting a withdrawal based on medical grounds, you must provide supporting, verifiable documentation from licensed medical professionals at **Colonial Health** 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.

# Late Withdrawal Request Form (Undergraduates) Page 2

**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 G  
Last Name First Name

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:

CRN	SUBJ	COURSE #	SECTION	CREDITS	TITLE	INSTRUCTOR

**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 \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - FOR UNIVERSITY OFFICIAL USE ONLY

Action Taken:  Approved  Denied

Comments:

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Student Notified: \_\_\_\_\_ Date Form Processed: \_\_\_\_\_