Exception Request Form
Withdrawal after the 8th Week of Classes (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 exception request process. If the statement does not apply to you, mark N/A (not applicable).

I have reviewed the Guidelines for Withdrawals after the 8th week of classes.

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/or Student Accounts to obtain information about how a withdrawal will affect my current and future financial aid and student account:

I have contacted Disability Support Services to review how a withdrawal will affect my accommodations:

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:

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:

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:

If I am requesting a medical withdrawal, I am required to meet with a provider at Colonial Health and provide supporting, verifiable documentation from licensed medical professionals. The provider will follow up with my Undergraduate Advising Office with regard to my medical withdrawal on my behalf:

Step II: Attach the following to this completed form:

- A PERSONAL STATEMENT that provides compelling evidence of the necessity of your withdrawal after the 8th week of classes. Please also address, if applicable, the following information:
  - Specific dates of when the events/condition occurred that led you to pursue this request after the 8th week.
  - When you stopped attending class(es), if applicable.
  - If partial withdrawal, why the event/condition affected you only in that/those particular course(s) and what your grade(s) was/were in that/those course(s) up to the date of the event/condition.

- SUPPORTING, VERIFIABLE DOCUMENTATION for Financial, Administrative, or Family Emergency reasons (examples may include deployment paperwork, obituaries, police reports, affidavits, bank statements, divorce summaries, etc.).
  - If you are requesting a medical withdrawal, you must meet with a provider at Colonial Health and provide supporting, verifiable documentation from licensed medical professionals.

- Note: the following requests will not be considered:
  - Requests for exceptions to University and School policy or curriculum on the basis of not knowing the policy. Students can access important policy and curriculum information through the GWU Website.
  - Requests to withdraw from a course after University deadlines on the basis of poor academic performance. Note: The Withdrawal Exception Request and guidelines to withdraw after published university deadlines are available at the Registrar’s Office Website: http://registrar.gwu.edu.

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 policy exception requests will be approved. Until a student receives written confirmation that an exception has been approved, the student should operate under the assumption that it will be denied (i.e., the student should continue to attend class, submit assignments, consider alternatives, etc.).
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 ___________________________ Phone ___________________________

Major __________________________________ Advisor ___________________________

School/College: ☐ CCAS ☐ ESIA ☐ GWSB ☐ SEAS ☐ Milken

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: ☐ Administrative ☐ Family Emergency ☐ Financial ☐ Medical

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

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<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 made by the Committee on Academic Withdrawals is final.

Student Signature ___________________________ Date __________

Action Taken: ☐ Approved ☐ Approved with Conditions ☐ Denied

Comments:

Representative Signature ___________________________ Date __________

Date Student Notified: ___________________________ Date RTF Processed: ___________________________