



HARTWICK COLLEGE

est. 1797

# Petition to the Committee on Academic Standards Late Withdrawal from a Course

Please submit completed form to:

Office of the Registrar  
1<sup>st</sup> Floor, Bresee Hall  
Hartwick College  
Oneonta, NY 13820

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to petition for a late withdrawal from the following course (follow formatting below):

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Dept                      Number                      Sect                      Title

Instructor's Name: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Please provide a **typed explanation** of 150 words or less below that addresses why your request is late (i.e., why you did not drop this course before the deadline.)

**Understand that failing a course or forgetting the deadline is not considered an adequate reason for granting a late withdrawal.**

**Course Instructor:** I, \_\_\_\_\_ (please print), verify that the above explanation is accurate and complete.

Has this student stopped attending your course?  yes  no  
If yes, when did this student last attend your course? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Academic Advisor:** I, \_\_\_\_\_ (please print), have discussed this late withdrawal with this student and verify that the above explanation is accurate and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please address the following as “yes” or “no”:

1. Do you receive financial aid? \_\_\_\_\_ (this withdrawal could affect your aid)  
If so, have you consulted the Financial Aid and Affordability Office? \_\_\_\_\_
  
2. By signing below, you are verifying that:
  - You have provided an honest explanation as to why you are requesting a late withdrawal.
  - You have obtained signatures from both your course instructor and academic advisor.
  - You have attached all supporting evidence you would like the committee to consider when reviewing this petition.
  - Should this request be granted, you will receive a ‘W’ for this course on your official transcript.

**Student’s Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Please Note: Incomplete forms will be denied.**

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*For administrative use only*

This petition was  Complete  Incomplete

This petition was  Approved  Denied by CAS on \_\_\_\_\_ (date)

CAS Chair Signature: \_\_\_\_\_