

**Please return completed form to Registrars@Ben.edu from your BenU email.**

The University understands that students may encounter circumstances beyond their control that may require a late withdrawal from a course(s). Petitions that are older than one academic year, have incomplete paperwork, or are submitted only to avoid a failing/low grade **WILL NOT** be considered. Note that recipients of financial aid or veterans' educational benefits must speak with a financial aid counselor or veteran services counselor prior to submitting a petition. Grades of "W" may negatively impact a student's financial aid or benefits. Only one appeal during a student's academic career will be considered. All decisions take 4 – 6 weeks and the student will be notified by BenU email on the decision. All decisions are final.

**I have read the Late Withdrawal Policy as Stated above.**

### PART I PERSONAL INFORMATION

Student's Initials

<b>BenU Student ID:</b>		<b>Date:</b>	
<b>Last Name:</b>		<b>First Name:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>BenU Email:</b>		<b>Phone number:</b>	
<b>Major/Program/Intended Major:</b>			

Yes, this is my new address and phone number. Please update my BenU record.

### PART II INFORMATION ON THE COURSE(S) TO CONSIDER FOR LATE WITHDRAWAL

Indicate late W term/semester  Fall 20\_\_\_\_\_  Winter 20\_\_\_\_\_  Spring 20\_\_\_\_\_  Summer 20\_\_\_\_\_

List all courses that you are seeking late withdrawal. Complete all information below.

CLASS #	SUBJECT	CATALOG # & SECTION	HRS.	COURSE TITLE
<i>i.e. 1249</i>	<i>LITR</i>	<i>150/A</i>	<i>3</i>	<i>Themes in Literature</i>

### PART III DOCUMENTATION - IMPORTANT

**Provide documentation regarding your extenuating circumstances for this petition.**

- If applicable, submit a statement on letterhead from your physician which includes specific dates of illness or hospitalization. Submit only the minimum amount of medical documentation necessary to support the petition (e.g. explanatory letter from medical provider instead of your medical records).
- If the appeal is due to a death in your family, submit a death certificate, obituary, or funeral/memorial program.
- Ask that each instructor provide you an email/letter with the **date that you last attended** the class. Have your instructor include your name, student ID number, and course information.
- Ask for a statement from others at BenU (i.e. your advisor, department chair, etc.) having information pertinent to your petition.
- Submit all documentation together with this completed and signed form.**

### PART IV SIGNATURE AND DATE

<b>Student signature</b>	<b>Date</b>
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*With my signature (written or typed) I attest that all of the information that I have provided as part of this petition is accurate and factual.*

To be completed by the Office of the Registrar – Late W Approve  Yes  No

Signature of Registrar Staff: