

Retroactive Withdrawal Procedure

A student who wishes to leave the University without completing the semester/term is expected to withdraw during the current semester and/or term for which he or she is enrolled. Requests to withdraw after the semester and/or term is over are considered only if the student was unable to withdraw. Examples of being unable to withdraw include, but are not limited to hospitalization, military deployment, or being debilitated by mental illness. In these cases, students must submit compelling documentation. If the documentation is considered sufficient, the Associate Vice President for Student Life will contact each faculty member on the student's schedule. Each faculty member will be asked for their approval of a retroactive withdrawal. Please note, a faculty member is not given confidential medical information, but is asked for approval of a retroactive withdrawal for medical reasons. Retroactive withdrawals will not be considered past the next semester or term.

Today's Date

From what semester are you requesting to be retroactively withdrawn?

Name:

Student ID

Mailing Address

Telephone Number where you can be reached during the day:

Email Address:

I. Medical Condition

What was your diagnosis? Please give a brief description of your condition and state why this condition interfered with your academic performance and or class attendance at the time. Attach additional pages and documentation to support your condition.

On approximately what date did your medical condition begin to interfere with your class attendance or academic performance during the semester that you are requesting to retroactively be withdrawn?

On approximately what date did you stop going to class during the semester or did you attend until the last day?

Did you complete the coursework in any of your classes during the semester and/or term?

Yes No

Were you under medical care by a healthcare provider at TWU for this condition during the semester and/or term or have you even been seen by a TWU healthcare provider for this condition?

Yes No

Were you under medical care by a healthcare provider outside of TWU for this condition during the semester and/or term in question?

Yes No

If yes, you must include documentation that includes the dates that you were seen for medical care during the semester and/or term including a diagnosis and or a description of your symptoms, and or a brief summary in support of your request from your outside healthcare provider.

I understand that the Office of Student Life may contact my department and/or professors to verify my information.

Signature of Student

Date

Financial Aid

Did you receive financial aid for the semester and/or term from which you are requesting to be withdrawn?

Yes No

Do you have any existing loans with TWU?

Yes No

Were you attending TWU on a scholarship?

Yes No

If yes to any of these last three questions, we strongly recommend that you contact the Office of Financial Aid prior to withdrawing to obtain information regarding any financial penalties that might occur.

A retroactive withdrawal may result in the loss of eligibility for part or all of any federal or state financial aid paid to you earlier in the semester and/or term. Any financial aid funds for which you are determined to be ineligible would have to be repaid by you to the Bursar's Office within 60 days.

I understand that it is my responsibility to contact the Office of Financial Aid prior to submitting my application to the Office of Student Life in order to obtain information with regard to penalties that might occur as a result of my request for a retroactive withdrawal for medical reasons.

Signature of Student

Date

International Office

Were you registered through the International Office during the semester from which you are requesting a retroactive withdrawal for medical reasons?

Yes

No

If yes, you must get permission from the International Office to pursue this retroactive withdrawal for medical reasons. This is to ensure that you will remain in good standing as an international student at TWU.

I understand that it is my responsibility to contact the International Office prior to submitting my application to the Office of Student Life in order to obtain information with regard to penalties that might occur as a result of my request for a retroactive withdrawal for medical reasons.

Signature of Student

Date

Dean of Students

Before the Associate Vice President for Student Life can consider your application, we must confirm that there are no past or present disciplinary matters that might be relevant in determining the appropriateness of the retroactive withdrawal for medical reasons. Accordingly, a student must give his or her consent to the Dean of Students to provide to the Associate Vice President for Student Life any and all information regarding disciplinary matters, including ongoing investigation.

I hereby request and authorize the Dean of Students at Texas Woman's University or any of her representatives to release any information, documents and or records related to any discipline matters pertaining to me.

Signature of Student

Date

Procedure

Please submit your completed application to Associate Vice President for Student Life in the Student Union, Room 206, fax (940) 898-3629

After submitting your application, it will take from 10 to 14 working days before you are notified, via email, by the Associate Vice President for Student Life of a decision.