



Student Success Center

~ Your future, your success ~

Retroactive Individual Course Withdrawal Application

In accordance with University policy (2006-2007 Undergraduate Catalog, page 44), students are responsible for processing course registration and withdrawals. "After the 42nd calendar day and to the 84th day of classes, courses may be dropped and will be assigned a WP or a WF for full term courses in Fall and Spring. Instructor's signature is required. The form, once signed, must be taken to the Office of the University Registrar for processing." **By submitting this application, you are requesting an exception to policy.**

Name _____ Student ID # _____ - _____ - _____
 Last First MI

Address to mail decision notification:

Street City State Zip

UT e-mail address to send decision notification: _____@utk.edu (must be **your** e-mail address)

Alternate e-mail address to send decision notification: _____ (must be **your** e-mail address)

Major: _____

Were you receiving financial aid during the semester listed below? ____ Yes ____ No

Course Name	Course Number	Semester	Year

Required Student Statement	A typed and signed statement from you which addresses the following: <ul style="list-style-type: none"> • Why you are seeking an appeal to registration policies and deadlines. Be specific. Include dates, steps you took to address the problem at the time it occurred, etc. • Why you feel an exception to policy is warranted.
Required Documentation	<ul style="list-style-type: none"> • Statement on UT letterhead from professor(s) confirming your last date of attendance.
Optional Supporting Documentation	<ul style="list-style-type: none"> • Statement on UT letterhead from professor(s) supporting your request. • Statement on UT letterhead from other UT faculty/staff supporting your request. • Statement on letterhead from other professionals supporting your request (i.e., doctor, psychological counselor, etc.).

By signing and dating below, I acknowledge that:

- I have read and understand the information provided at <http://studentsuccess.tennessee.edu>;
- All information I have provided is true and correct;
- I grant permission for the Appeals Committee to request and review any documents or information on file by sources I have revealed in my appeal or by sources that submit a statement of support; and
- I understand that furnishing false information to the University with the intent to deceive can result in expulsion from the University or any lesser penalty (see standards of conduct, student's rights and responsibilities as explained in *Hilltopics*.)

Signature: _____ Date: _____

This application is not considered complete until all required documentation and required student statement have been received.

You will be notified via e-mail and regular mail at the addresses you provided on this application.



Submit all materials to:
 Student Success Center, 1817 Melrose Avenue, Knoxville, TN 37996-3551
 Phone (865) 946-4357 Fax (865) 974-2944 <http://studentsuccess.tennessee.edu>