

Application for Drop/Withdrawal Appeal

Students seeking to withdraw after the last official withdrawal date (after the last business day of the 12th week of the semester) may request drop/withdrawal appeal. Appeals must include appropriately dated documentation that corresponds to the semester requested as evidence of a circumstance beyond the student's control, preventing the student from withdrawing on or before the published deadlines due to extenuating circumstances (medical, military, family emergency or natural disasters)

Documentation required:

Medical Appeal: A letter from your medical provider with details noted on attachments, if applicable. **Other Appeal**: A brief statement by you regarding your current circumstances explaining why you are seeking drop/withdrawal.

Examples of why an appeal may not be considered:

- If the appeal is not received by the end of the following semester. (Last day of Spring 2022 for Fall 2021 appeal)
- Failure to follow proper drop/withdrawal procedures.
- Lack of knowledge of applicable dates and deadlines.
- Changes in job, work schedule or employment (unless related to a natural disaster with sufficient documentation).
- Failure to verify class schedule and/or schedule changes.
- Non-attendance of class(es).
- Personal errors in judgment regarding:
 - o Availability of finances to pay associated charges
 - Class work load and academic ability
 - o Time management
 - Availability of transportation to and from class
- Dissatisfaction with course content or method of instruction.
- Inadequate, late application or loss of eligibility of financial aid, scholarships, or third party authorization.
- Non-receipt of information/notices sent to student's email and/or USPS address.
- Not benefiting from:
 - A fee (e.g. wishing to appeal the mandatory/student/class/course/program fees)
 - Course credits in regard to degree requirements or changes in major
- Lack of proper, descriptive documentation.

Name	Student ID #			
Address				
City	State	Zip		
Phone #	Email:			
Semester(s) of requested	Fall 🗌	Spring	Summer 🗌	

List each course and last day of attendance for which you are requesting drop/withdrawal: Course 1: Subject _____ Catalog Number ____ Class Title _____ Last day of Attendance _____ Course 2: Subject Catalog Number Class Title Last day of Attendance Course 3: Subject Catalog Number Class Title Last day of Attendance Course 4: Subject_____ Catalog Number____ Class Title_____ Last day of Attendance_____ Course 5: Subject_____ Catalog Number___ Class Title____ Last day of Attendance____ Course 6: Subject_____ Catalog Number___ Class Title____ Last day of Attendance____ Course 7: Subject_____ Catalog Number____ Class Title_____ Last day of Attendance____ I hereby request a drop/withdrawal appeal from enrollment at Dickinson State University due extenuating circumstances. I authorize DSU representatives to review my medical records and/or other related documentation as necessary to determine my eligibility for a drop/withdrawal and/or a refund of fees. Signature Complete all information below and submit this form and required documentation to: Dickinson State University, Student Affairs, 291 Campus Drive, Dickinson, ND 58601 Fax: (701) 483-2942 Phone: (701) 502-4359 Not Approved Approved **Director of Academic Records** Date Approved Not Approved Vice President Date _Approved ____Not Approved Dean of Students (if applicable) Date _Approved Not Approved **Business Affairs** Date ____Approved Not Approved Financial Aid Date

Withdrawal %

Withdrawal with Penalty (W) Withdrawal without penalty (no W)