



COLLEGE OF EDUCATION
APPLICATION FOR LATE WITHDRAWAL
WITHOUT ACADEMIC PENALTY

To be completed by student:

Complete student information below and attach the following:

- 1. Letter stating special circumstances leading to late withdrawal
2. Supporting documentation (documentation from health care provider, employer, law enforcement, etc.)

CRN Course Number Semester

Instructor's Name Advisor's Name

Student's Name UIN [grid]

Street Address

City State Zip

Daytime Phone Evening Phone E-mail

Student's Signature Date

When student section completed, return form and documentation to COE Student Services

To be completed by College of Education:

Approve [] Deny [] Instructor's or Advisor's Signature Date

Comments (or Attached statement):

Approve [] Deny [] Dean/ Associate Dean's Signature Date

Copy to: Student Date Student File Date Course Instructor Date

Original to Registrar: Date Entered into Banner: Date