

The University of Findlay
COURSE WITHDRAWAL APPEAL FORM
Student Academic Standards Committee

STUDENT'S NAME: _____ I.D. #: _____

CAMPUS ADDRESS: _____ PHONE: _____

HOME ADDRESS: _____ PHONE: _____

MAJOR: _____ ADVISOR: _____

YOUR REQUEST AND REASON FOR YOUR APPEAL

- What action do you seek from the Committee?
- Why does your situation justify an exception to the regular course withdrawal procedures or policies?
- If you have a medical reason for the withdrawal, please include a supporting statement from your physician.
- Other information supporting your request.
- Please review the catalog and other pertinent University documents pertaining to your appeal.

If more space is needed, attach additional pages.

Student's Signature

Date

FACULTY ADVISOR’S SUPPORTING STATEMENT-Attach additional pages if needed.

Advisor’s Signature _____
Date

**INSTRUCTOR’S SUPPORTING STATEMENT-Attach additional pages if needed.
(The instructor of each course you wish to withdraw from must provide a statement regarding your appeal.)**

Instructor’s Signature _____
Date

**Return completed form to the Office of the Registrar
1000 N Main St Findlay OH 45840 or fax to 419-434-5565**

7/31/2009