

Application for Late Course Withdrawal for College of Science and Health (CSH) students

POLICIES:

- CSH students are expected to exhaust all academic options with faculty prior to this request.
- **To avoid an automatic denial of your request, ALL** necessary documents must be submitted to the Office of Advising and Student Services according to the following deadlines related to the quarter's course(s) in question:
 - **Autumn Quarter:** Last day of the last final exam of the subsequent winter quarter.
 - **Winter Quarter:** Last day of the last final exam of the subsequent spring quarter.
 - **Spring Quarter:** The end of the second week of the subsequent autumn quarter.
 - **Summer Terms:** Last day of the last final exam of the subsequent autumn quarter.
 - **These deadlines match the Dean of Students' deadlines posted here:**
<http://studentaffairs.depaul.edu/dos/forms.html>
- An approved Late Withdrawal will be recorded as 'WA' on official transcripts.
- CSH students may only have **ONE** successful appeal to the Office of Advising and Student Services during their academic career.
- Note: Non-academic consequences may apply. For example: financial aid implications, ineligibility of health insurance and housing, etc. Please contact DePaul Central at 312-362-8610 or SAC 101 to learn more.

INSTRUCTIONS: Please neatly print all of the information requested and submit it in person or via mail to the following address. If documentation is incomplete or insufficient, your request will automatically be **denied**.

DePaul University
College of Science and Health
Office of Advising and Student Services
 1110 W. Belden, Suite 400
 Chicago, IL 60614

Direct questions about your submission to CSHAdvising@depaul.edu

<ul style="list-style-type: none"> • Application MUST be accompanied by supporting documentation, including the instructor's verification of the last date of attendance, to substantiate your request. 	<ul style="list-style-type: none"> • You are responsible for considering any insurance, tuition, and financial aid issues that might arise from your choice to withdraw from classes. Please contact your insurer and DePaul Central for more information before submitting the late withdrawal appeal.
<ul style="list-style-type: none"> • You are financially responsible for any housing costs, regardless of outcome. Contact Housing Services for more details. 	<ul style="list-style-type: none"> • After the ruling, the decision is sent via email to your preferred email address found in Campus Connection.
<ul style="list-style-type: none"> • Your submission of this request does not guarantee that your late withdrawal appeal will be approved. 	<ul style="list-style-type: none"> • You are academically and financially responsible for the course(s) if your application is denied.

Student's Last Name:	Student's First Name:	DePaul ID#:	
Address:	City:	State:	Zip:
Preferred Telephone:		E-mail Address:	

Type of Request:

Please indicate your CSH student status: Undergraduate Student Graduate Student

Please indicate appropriate term: Autumn Qtr Winter Qtr Spring Qtr
 Summer I Summer II

Year _____ (Required, i.e. 2012)

Please indicate if you are an international student? Yes No **If yes, then you must first contact the International Student Office (DePaul Center 1465) at 312-362-8376 before your request could be reviewed.**

Course Information

Department (i.e. CHE)	Catalog Number (i.e. 191)	Section Number (i.e. 701)	5-digit Class Number (i.e. 12741)

CSH Student Information:

Number of Classes Currently Enrolled In:

Last Date Attended Class(es) in question:

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I am requesting a **refund** for class(es)

Financial Aid Information:

I DO receive Financial Aid

I DO **NOT** receive Financial Aid

Housing Status:

On-campus

Off-campus

Professor Interaction:

I have discussed this situation with my professor(s)

I have **not** discussed this situation with my professor(s)

Required Checklist (please initial in space provided). Application will automatically be denied without your initials and dated signature:

_____ I read and completed the Application for Late Course Withdrawal (this form).

_____ I attached a maximum one-page, double-spaced, typed (handwritten will not be accepted) narrative that details the reason for my request. I included names of faculty and/or staff with whom I discussed my situation and the nature of my interaction with them.

_____ I attached supporting documentation (i.e. military orders) to substantiate the exceptional circumstance.

_____ I attached instructor's verification—on his/her department letterhead or from his/her email account – of my last date of attendance in his/her class. Please note: Instructor's verification of your last date of attendance does NOT guarantee that your request will be approved.

_____ I contacted DePaul Central and my insurance provider to learn about possible financial aid, tuition, and insurance billing implications. If I live on-campus, I have followed up with the Department of Housing Services.

_____ I contacted the International Student Office in DePaul Center 1465. (For international students only)

_____ I attached all documents together. I understand that this appeal will be automatically denied without ALL required documentation, my initials in the left margin, and my dated signature.

_____ I understand that I may only have ONE successful appeal to the Office of Advising and Student Services during an academic career. I understand that submitting this appeal does NOT guarantee that my withdrawal request will be approved, nor does it guarantee a refund if I am requesting one. If the appeal is approved, then I understand that the withdrawal will appear on my official transcripts as a WA.

Student Signature: _____ Date: _____
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For Office Use Only

Request denied: ____ Request approved: ____ Effective date: _____
