

Administrative Course Withdrawal Application College of Science and Health (CSH) students only

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 no later than the last day of the subsequent quarter.
 - **Requests that are more than two years old will not be considered.**
- An approved Administrative Withdrawal will be recorded as 'WA' on official transcripts.
- An approved record correction will be applied and the course removed from a student's record in cases where instructors verify a student never participated
- CSH students may only have **ONE** successful appeal to the Office of Advising and Student Services during their academic career. Please note that the CSH cannot offer any tuition adjustments. If your request is approved and you wish to request a tuition adjustment, please email OFA_AdkWdrl@depaul.edu
- Note: Non-academic consequences may apply. For example: financial aid implications, ineligibility for student health insurance and housing, etc. Please contact DePaul Central at 312-362-8610, OFA_AdkWdrl@depaul.edu or SAC 101 to learn more.

INSTRUCTIONS:

Please neatly print or type all of the information requested and submit it via email to CSHAdvising@depaul.edu. DO NOT mail this form.

Student's Last Name:	Student's First Name:	DePaul ID#:
Grad Program/Undergrad major:	DePaul Email Address:	Alternate Email Address:

Please indicate your CSH student status: Undergraduate/non-degree
 Graduate/non-degree grad

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

Year _____ (Required, i.e. 2024)

Please indicate if you are an international student? Yes No

Course Information:

Department (CHE)	Catalog Number (i.e. 191)	Section Number (i.e. 701)	Last date of participation/ Write 'never attended' if you never participated in the course.

Professor Interaction:

- I have attached my instructor's verification of my participation. Requests without the instructor's verification of participation are considered incomplete.
- Requests confirming a student participated after the quarter's withdrawal deadline will be denied.

Statement describing reason for request:

In this box, please type in your reason for making this request.

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 Administrative Withdrawal (this form).
- _____ I attached instructor’s verification from their email account of my last date of participation in their class.
- _____ I contacted DePaul Central and my student health 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 and Residence Life about possible implications.
- _____ I understand that approval of this request does not guarantee any tuition refund or credit. Questions about tuition may be directed to [OFA AdmWdrl@depaul.edu](mailto:OFA_AdmWdrl@depaul.edu).
- _____ I contacted my International Student and Scholar Services advisor to talk about how this request may impact by student visa. (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 below.
- _____ I understand that I may only have ONE successful appeal for an administrative withdrawal to the College of Science and Health during an academic career.
- _____ I understand that submitting this appeal does NOT guarantee that my withdrawal request will be approved. If the appeal is approved.
- _____ I understand that the withdrawal will appear on my official transcripts as a WA.

Student Signature: _____ **Date:** _____