Petition to the Committee on Academic Standards
Late Withdrawal from a Course

Please submit completed form to:

Office of the Registrar  
1st Floor, Bresee Hall  
Hartwick College  
Oneonta, NY 13820

Name: ____________________ Student ID: _______________ Date: ___________

I would like to petition for a late withdrawal from the following course (follow formatting below):

Dept Number Sect Title

Instructor’s Name: ____________________ Term/Year: ______________

Please provide a typed explanation of 150 words or less below that addresses why your request is late (i.e., why you did not drop this course before the deadline.)

Understand that failing a course or forgetting the deadline is not considered an adequate reason for granting a late withdrawal.


Course Instructor: I, ____________________________ (please print), verify that the above explanation is accurate and complete.

Has this student stopped attending your course? □ yes □ no
If yes, when did this student last attend your course? ____________________

Signature: ____________________________ Date: ___________

Academic Advisor: I, ____________________________ (please print), have discussed this late withdrawal with this student and verify that the above explanation is accurate and complete.

Signature: ____________________________ Date: ___________
Please address the following as “yes” or “no”:

1. Do you receive financial aid? ____________ (this withdrawal could affect your aid)
   If so, have you consulted the Financial Aid and Affordability Office? ____________

2. By signing below, you are verifying that:
   - □ You have provided an honest explanation as to why you are requesting a late withdrawal.
   - □ You have obtained signatures from both your course instructor and academic advisor.
   - □ You have attached all supporting evidence you would like the committee to consider when reviewing this petition.
   - □ Should this request be granted, you will receive a ‘W’ for this course on your official transcript.

   **Student’s Signature:** ______________________________  **Date Submitted:** ______________________________

   Please Note: Incomplete forms will be denied.

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For administrative use only

This petition was □ Complete    □ Incomplete

This petition was □ Approved    □ Denied    by CAS on ________________ (date)

CAS Chair Signature: ______________________________