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   ___________________________

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.

For administrative use only

This petition was □ Complete  □ Incomplete

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

CAS Chair Signature: ______________________________