

PETITION TO WITHDRAW FROM A COURSE AFTER THE PUBLISHED DROP DATE

Policy and Procedure for Undergraduate and Graduate Coursework

Students seeking to drop their entire schedule after the published Withdrawal period should contact the Office of Student Experience and Engagement at 660-543-4114.

During the withdrawal period a student may withdraw from any class using the self-enrollment system. Students will be directed to a survey that must be completed before the drop will be processed. The survey can also be found in MyCentral by clicking the “Student Services” tab and scrolling down to the UCM Registration section on the left-hand side. Click on the “Withdrawal Information” link and the next page will have the survey link embedded in the first sentence of that page.

Complete withdrawals (all classes) requested after the withdrawal period are processed in the Office of Student Experience and Engagement (ADM 214, 660-543-4114).

Enrollment deadlines are posted online at <https://www.ucmo.edu/current-students/office-of-the-registrar-and-student-records/dates-and-deadlines/index.php> and are also accessible when logged into MyCentral under “Check Refund and Withdrawal Dates” in the Student Services tab. Students are encouraged to consult with Student Financial Services (WDE 1100) prior to the drop if receiving any financial aid or scholarships. **If a student has a hold on their account, the drop will need to be processed by an academic advisor or the Registrar’s Office.**

After the withdrawal period, **extenuating circumstances must exist** before a late withdrawal will be granted. If the late withdrawal is granted, a grade of LD (“late drop”) will be assigned. An LD has no impact on GPA.

The standard of “extenuating circumstances” applies to situations, such as illness or accidents that are clearly beyond the student’s control and would have prevented dropping the course by the established deadline. The following situations are typical of those for which “extenuating circumstances” is appropriate justification for withdrawal. **All situations require verified documentation.**

For the purposes of a late withdrawal, “extenuating circumstances” are defined as follows:

- An extended absence (**which includes the date of the last day to drop**) due to verifiable accident, illness or personal problem serious enough to cause withdrawal from the university;
- An extended absence (**which includes the date of the last day to drop**) due to a death in the immediate family;
- An error made by UCM;
- An unusual or very special case that merits consideration.

The following are not considered to be extenuating circumstances:

- Grade anticipation in class is not sufficiently high, or student is doing failing work (including plagiarism);
- Thought that the course had been dropped, either by the student or a university employee;
- Could not drop class due to a hold or was unable to drop online due to other circumstances;
- Failure to attend class, complete assignments, or take a test;
- Dissatisfaction with the course material, instructional method, or instructor;
- Class is harder than expected;
- Pressure of other classes, employment, and/or participation in extracurricular activities;
- A change in major;
- Lack of awareness of the withdrawal deadline or process

Documentation establishing extenuating circumstances may include:

- Verification of accident or illness (i.e., letter from physician or copies of medical bills);
- A letter from a licensed counselor;
- Death certificate;
- Banner/MyCentral records to prove attempted drop;
- Any other documents deemed appropriate.

Instructions:

Complete the form in its entirety and sign where indicated. Attach appropriate documentation from a verified source as proof of your extenuating circumstances. Petitions received without documentation verifying an extenuating circumstance will be denied.

Submit the form to the Registrar's Office at UCM, Ward Edwards Building, Room 1000, Warrensburg, MO 64093. You may also fax it to (660) 543-8400 or e-mail it as an attachment to registrar@ucmo.edu.

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ID Number: 700	Student Name (<i>first, mi, last</i>):
Phone: ()	E-mail*: @ucmo.edu

Course Reference Number (CRN)	Subject Prefix/ Course Number	Semester Hours	Instructor's Name
Example: 13579	ACCT 2101	3	John Smith

For Office Use **Date:** _____
Petition Action: ☐ Approve ☐ Deny
Action By (print): _____ **Signature:** _____