

Please check each box as each requirement is completed to make sure you have followed all of the guidelines

If approved, an academic withdrawal would replace all grades in a given term to "W." Per Faculty Senate Policy, academic withdrawal is only granted in extraordinary circumstances, and will only be considered for all courses in a given term. Requests must include sufficient, neutral third party documentation which displays that event(s) outside the student's control caused a substantial, negative impact to his/her academic performance. Qualified events include a personal medical event, medical event for an immediate family member, death of an immediate family member, disability, or active military service. Students will not be approved for withdrawal for two or more subsequent terms for a single medical event, unless complications can be proven. Students must consult with their Academic Advisor and Financial Aid Advisor (if applicable) to review processes, justification, documentation and impacts of withdrawal.

- 1. The Request for Academic Withdrawal form on the subsequent page must be submitted with all fields completed, including the signature of all required advisors and administrators. The Undergraduate Academic Advisor or Director of Graduate Studies will obtain the signature of the Advising Administrator/Assistant Dean.
- 2. Students must submit a signed and dated justification for the request in his or her own words.
- 3. Required Supporting Documentation (Please note, supporting documentation does not guarantee approval):
 - Student Medical** - signed, dated and legible statement on original letterhead from a health care professional; must include: dates of treatment, dates of onset of medical event, opinion as to student's ability to perform academically during term in question; signature of health care professional.
 - Immediate Family Medical** - signed, dated and legible statement on original letterhead from health care professional; must include: dates of treatment, date of onset of medical event, statement pertaining to the impact of family member's medical event on student's ability to do academic work during the term in question; signature of health care professional.
 - Immediate Family Death** - Obituary or death certificate and proof of relationship to the deceased; the death must have occurred during the term in question. Immediate family is defined as parent, spouse, sibling, child or primary caregiver (substantiated by a neutral third party*).
 - Disability** - UB Accessibility Resources must provide an opinion as to the student's ability to perform academic work during the term in question.
 - Military Orders** - Military orders specifying full-time active duty and dates of deployment in the Armed Forces during the term in question; students enrolled in any branch of a Reserve Unit must show proof of inability to attend classes due to hardship beyond his/her control due to military assignment or order.
 - Other** - Extraordinary circumstances not covered by the sections above; must be accompanied by a statement from the student's Academic Advisor and supporting documentation from a neutral third party*.

**Supporting documents will only be considered from a neutral third party, which, for this purpose, is defined as a third party with no financial or personal interest in the issue. Supporting documentation from friends and family will not be considered.*
- 4. Per Faculty Senate Policy, requests for Academic Withdrawal may only be considered for all courses in a term; requests for individual courses within a term will not be considered. Requests must be submitted within one term of the term in question.

Term	Deadline for Completed Requests
Winter/Spring	Friday before the first day of classes for following Spring term
Summer/Fall	Friday before the first day of classes for following Fall term

- 5. Requests for Academic Withdrawal are reviewed for financial consideration. In rare circumstances, the University will refund tuition and fees. In order to qualify for a financial adjustment, the student must be approved for Academic Withdrawal and the event must have occurred within the first half of the semester. Requests meeting these requirements are not guaranteed financial adjustment. An Academic Withdrawal does not absolve a student's financial responsibility for his/her educational expenses. The student is responsible for payment of charges outstanding after the Academic Withdrawal is processed.
- 6. In accordance with federal and state guidelines, an academic withdrawal and adjustment of tuition and fees may reduce a student's financial aid award. As a result, the student may owe a balance to the university. Any amount owed after adjustment of the financial aid awards will be billed to the student. Students receiving financial aid are required to consult with a Financial Aid Advisor before submitting their request.
- 7. The Academic Withdrawal Committee will only consider completed Requests for Academic Withdrawal. A formal notification of a decision will be sent to the student's permanent address on file in his/her HUB Student Center.
- 8. Please allow 3-4 weeks for your completed Request for Academic Withdrawal to be reviewed and a decision made.

By my signature, I certify that I have read through and understand the guidelines above.

Student Signature: _____ Date: _____

Please Complete Each Field Below

Student Name: _____ UB Email Address: _____

UB Person Number: _____ Phone Number: _____

Undergraduate: _____ Graduate: _____ Matriculated: _____ Non-Degree: _____

Note: E-mail correspondence will only be sent to your preferred e-mail address listed in your HUB Student Center. Withdrawal decision letters will only be mailed to your permanent address on file at the time of the decision. Please visit www.buffalo.edu/hub/students/pdfs/personal.pdf for instructions on changing your permanent address and preferred e-mail in your HUB Student Center. Students are responsible for maintaining current addresses and e-mail addresses.

I am requesting a withdrawal for all courses in the following term:

Summer Fall Winter Spring Year: _____

Reason: Student Medical: _____ Family Medical: _____ Family Death: _____ Disability: _____ Military Orders: _____

Other (please specify): _____

The following information must be attached to this form and all signatures obtained for your request to be considered:

1. Signed and completed guidelines form (pg. 1 of this document)
2. Student's signed and dated request and justification in his/her own words
3. Supporting documentation as explained in #3 in the Guidelines
4. Unofficial transcript for Undergraduates only (Advisor to attach)
- 5: Statement from Academic Advisor (Optional)

Requests for Academic Withdrawal will only be considered if submitted within one term of the event. Requests for Academic Withdrawal are also reviewed for financial consideration, however, the University rarely refunds tuition and fees. By my signature, I certify that I have read through the attached guidelines. I also certify that I have met with all applicable advisors and understand that an academic withdrawal does not absolve my financial responsibility for any educational expenses and that I am responsible for payment of outstanding charges.

I am a Financial Aid recipient (ex: Merit Scholarships, TAP, Title IV Grants and Loans, Direct Loans, EOP etc.) and have discussed my request for academic withdrawal with a Financial Aid advisor. I understand the impacts an academic withdrawal will have on my financial aid, and understand that I will remain responsible for any outstanding balances that may result.

I am not a Financial Aid recipient (ex: Merit Scholarships, TAP, Title IV Grants and Loans, Direct Loans, EOP etc.).

Student Signature: _____ Date: _____

Undergraduate Student Petition:

Academic Advisor Name: _____ Email Address: _____

Academic Advisor Signature: _____ Date: _____

Advising Administrator Name: _____ Email Address: _____

Advising Administrator Signature: _____ Date: _____

Graduate Student Petition:

Director of Graduate Studies Name: _____ Email Address: _____

Director of Graduate Studies Signature: _____ Date: _____

Assistant Dean Signature: _____ Date: _____

Requests lacking required materials and/or signatures will not be considered. Please send all completed packets to: Office of the Registrar, University at Buffalo, 232 Capen Hall, Buffalo, NY 14260-1631 Phone: (716) 645-5698 Fax: (716) 645-7762

For Office/Processing Purposes Only

Academic Approved: _____ Denied: _____ Denied Pending: _____

Authorized Representative Name: _____ Signature: _____ Date: _____

Financial Approved: _____ Denied: _____

Authorized Representative Name: _____ Signature: _____ Date: _____

Notes: _____