

**Petition To Withdraw After The Scheduled Drop Date  
Baldwin-Wallace College**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Course(s): \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Reason for withdrawal request:

Employment/Financial change

Personal (Family/Psychological/Learning/Chronic Illness)

Medical or Acute Stress (Mono, injury, accident)

Other

Please specify \_\_\_\_\_

***Please note that a Petition to Withdraw will not be processed during or after finals week.***

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**Please Read carefully:** The following information is relative to completing and submitting the attached petition for withdrawal after the scheduled drop date.

**Procedure:** A student has the option to withdraw from a full semester class during the first nine weeks of the term with no grade penalty (refer to [academic calendar](#) for weekend and minimester last date to drop information). After the ninth week, all withdrawals must be petitioned and will be evaluated on a case by case basis by the withdrawal committee. All petitions must include supporting written documentation from a qualified professional. Please note that lack of academic progress in a course is not a sufficient reason for an authorized withdrawal after the last date to drop.

**Instructions for completing the petition:**

1. Complete the top portion of this form checking the appropriate reason for your withdrawal request.
2. Initial and sign back of this form indicating that you understand and agree to the items listed.
3. You must prepare a typed personal statement which addresses the extenuating circumstances that occurred and the reason why you are seeking a late withdrawal.
4. **Submit the completed form**, written documentation from the qualified professional with whom you have been working and personal statement for your request **to the Registrar's Office, 105 Bonds. FAX # 440-826-6522**
5. No petitions will be reviewed until this form, your written documentation and your statement have been received.
6. Once all of these materials are received, then the withdrawal committee will review your request and make a decision.
7. You will be notified of the committee's decision by B-W email.
8. Be advised that requesting to withdraw after the scheduled drop date includes withdrawing from **all** courses in which you are enrolled. Only under very rare circumstances will the committee authorize a partial withdrawal.

*\*\*\* If the petition is denied, you remain responsible for the courses and will receive whatever grades your instructors submit at the end of the term. If your petition is approved, you will receive either a WP (Withdraw Passing) or WX (Withdraw Failing); the grade will be posted to your record but neither WP nor WX is calculated into your cumulative grade point average.*

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Initial all line items below and then sign.

\_\_\_\_\_ My extenuating circumstances prevented me from following the college policy of withdrawing by the end of the 9<sup>th</sup> week of class and my current documentation supports that this situation was beyond my control.

\_\_\_\_\_ I understand that I may be required to submit additional documentation if my current documentation doesn't meet the criteria necessitated by my request.

\_\_\_\_\_ I understand that providing supporting documentation is a time intensive process. Consequently, I cannot reasonably expect that a counselor, physician, or other service provider can ethically provide such documentation without prolonged, direct contact, and personal knowledge of my situation.

\_\_\_\_\_ I understand that I am required to write a personal statement of support outlining my request for withdrawal.

\_\_\_\_\_ I understand that my petition will not be reviewed by the withdrawal committee if I do not submit this form, written documentation and my personal statement to Disability Services.

\_\_\_\_\_ I understand if this petition is approved and I am withdrawn from all of my courses listed below my Financial Aid, Health Insurance, Residence Life housing status, athletic eligibility, graduation date and/or registration may be affected.

\_\_\_\_\_ I understand if the withdrawal is denied, I remain responsible for my courses and will receive whatever grade my instructors submit at the end of the term.

\_\_\_\_\_ I understand that when planning on returning to B-W I may be required to submit documentation that verifies I have made steps toward rectifying the situation that required the withdrawal in the first place. This additional documentation must come from a qualified professional with whom I sought services while I was away as well as my personal statement requesting to return.

\_\_\_\_\_ I understand all decisions made by the withdrawal committee are final.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

2/1/12