

## **Late Drop Appeal Information**

Tuition refund and course withdrawal deadlines are published in the Official College Calendar located on Florida SouthWestern's website, in the College catalog and student handbook. It is the student's responsibility to be aware of these deadline dates and to drop a class with a refund or withdraw prior to these published deadlines.

Appeals to obtain a retroactive refund are granted only for severe extenuating circumstances where a student withdraws from classes due to a personal emergency beyond the student's control.

Third party documentation **MUST** be included with the appeal and must show how the extenuating circumstance prevented the student from dropping the class by the published deadline.

## **Late Drop Appeal Instructions**

Please review the appeal carefully before submission. All incomplete petitions will be denied.

1. Complete the Late Drop Appeal Form. Appeals without the Professor's signature and last date of attendance are not considered.

2. Include official documentation of the extenuating circumstance. The following documentation is required:

**Medical** – hospital bills, or a letter from your physician or health care agency, on company letterhead, specifically indicating an illness of such severity or duration that prevents you from completing the term. The letter must include dates of the illness and treatment.

**Employment** – a letter from your employer, on company letterhead, indicating that your employer changed your work schedule and that this change prevents you from completing the term. The letter must include old and new work hours and the effective date.

**Death of Immediate Family Member** – documentation of the death and your relationship to the deceased. Immediate family members are defined as spouse, child, parent and sibling.

**Military** – military orders showing you have been called to active duty or annual training.

3. It is your responsibility to withdraw from the course(s). Submitting a Late Drop Appeal Form **DOES NOT** officially withdraw you from a class.

Decisions will be based on the documentation provided. You will be notified via your FSW email account.

**LATE DROP (ENROLLMENT EXCLUSION) APPEAL**

*Purpose: When approved, this request allows the Registrar to drop a course from a student's record and to remove a "W" grade from a student's transcript. If a student has not received financial aid for the course associated with this late drop, then the student may receive a refund for tuition paid for the course being dropped. **However, if the student has received financial aid and this request is approved, then the student may be required to reimburse the College for all financial aid associated with enrollment in the course being dropped.***

**Instructions:**

1. Note: A late drop request will be considered only for conditions in which a student encountered extenuating circumstances that precluded course completion but occurred after the second week of a semester. The student must submit this form and all supporting documentation within one year of the end of the course associated with this appeal.
2. Complete all sections of this form. Please note that the course instructor must indicate last date of attendance and sign the "Course and Instructor Information" section of this form.
3. To this form, attach a written statement that describes the extenuating circumstances that precluded course completion.
4. To this form, attach third-party documentation that supports claims made in the student statement.

**Student Information**

Last Name, First Name	Student ID Number	FSW Email Address
	@	

**Course and Instructor Information: to be completed by the instructor of record**

Term	Year	Course	CRN	Last Date of Confirmed Attendance
				____/____/____ Or check if never attended (na) _____

**Instructor's Signature and Date:**

**Reason for Request (check all that apply)      Supporting Documentation (check all that apply)**

<input type="checkbox"/> Change in employment Status <input type="checkbox"/> Illness or hospitalization <input type="checkbox"/> Change in military duty <input type="checkbox"/> Death of an immediate family member	<input type="checkbox"/> Letter from employer (indicating status change) <input type="checkbox"/> Letter from physician documenting illness <input type="checkbox"/> Medical or hospital bills/statements <input type="checkbox"/> Military orders indicating change in duty status <input type="checkbox"/> Copy of death certificate or obituary <input type="checkbox"/> Other
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By my signature, I attest that all assertions \_\_\_\_\_  
 in this document are true *Student signature & date*

**Financial Aid Comments**      Amount that student would owe if approved: \_\_\_\_\_

Fin. Aid Dir./Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar/Designee (Decision)**      \_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved

Registrar/Designee Signature & date \_\_\_\_\_

For Office Use Only: Processed on _____/____/____	Email Sent: _____/____/____
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