

APPEAL FOR RETROACTIVE WITHDRAWAL

The University of Texas at Austin
College of Liberal Arts, Student Division
1 University Station, GEB 2.200, G6100
Austin, Texas 78712-0580

Name: _____ UT EID: _____
E-mail: _____ Telephone: _____
Semester Requested: Fall Spring Summer Year: _____

ARE YOU SEEKING A RETROACTIVE WITHDRAWAL FOR MEDICAL REASONS? If so, you must complete a *Consultation Confirmation* form in GEB 2.306, and then follow the steps below. For more information: <http://healthyhorns.utexas.edu/general/medicalwithdrawals.html>.

ARE YOU SEEKING A RETROACTIVE WITHDRAWAL FOR MENTAL HEALTH REASONS? If so, you must complete a *Confirmation of Consultation* form with an advisor in GEB 2.306 and then follow the steps below. For more information: <http://www.utexas.edu/student/cmhc/medwith/index.html>.

APPEAL CONDITIONS:

1. Your appeal must be based on an unanticipated non-academic situation of a serious nature.
2. If you are not appealing through University Health Services or Counseling and Mental Health, you must submit credible supporting documentation.

Documentation Examples:

- Doctor's notes
- Police reports
- Evidence of incapacitating major life crisis

STEPS TO FOLLOW:

1. Consult with a Student Division academic advisor.
2. Complete and sign an appeal form.
3. Compose a written statement that outlines the nature of your request for a retroactive withdrawal and the reasons you believe your appeal merits an exception by the dean. Limit your statement to one typed, single-spaced page and include your name, your UT EID, and a concise, chronological explanation of your situation and how your situation affected your academic work. Explain any delay between the events referred to in your statement and the filing of this appeal.
4. Compile credible supporting documentation (if not appealing through University Health Services or Counseling and Mental Health).
5. Submit this appeal form, your written statement, and supporting documentation to the Dean's Office.

Signature: _____ Date: _____

By my signature, I affirm that all personal statements and documents that I am submitting in support of my appeal are true and correct.

Notice Concerning Your Information

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu).

Office Use Only:
Appeal Decision: _____ Advisor's Initials: _____
Dean's Signature: _____ Date: _____

MC 3/4/08