

Record Adjustment Petition: Retroactive Withdrawal

The Record Adjustment Petition: Retroactive withdrawal is used when a student is seeking to retroactively withdraw after the deadline for the term.

A separate petition must be completed for each term if requesting multiple. Petitions are reviewed by the Record Adjustment Committee and you will be informed of the petition decision by Fresno State email. Submitting a petition is NOT a guarantee that it will be granted.

PETITION FEE AND INSTRUCTIONS: \$10 per petition (non-refundable)

- Payment **MUST** be made prior to submitting your petition.
- Click here to pay: https://commerce.cashnet.com/fresnoem_universityregistrar
- ATTACH payment receipt

Student ID#: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Email: _____

Did you receive Veterans Affairs benefits this semester? Yes No

Retroactive Withdrawal Request

Please initial that you have read the information stated below:

_____ **Preferred Period:** Submit petition no later than the fourth week of the semester that immediately follows the term in which you took the class you are petitioning.

_____ **Extension Period:** If the deadline above is not met, the extension period is as follows:

- If you have not graduated from Fresno State: Submit Petition no later than 6 years from the semester being petitioned.
- If you have graduated from Fresno State: No changes can be made to your record once a degree has been posted.

_____ After the extension period, petitions submitted after the extension period are very unlikely to be granted.

_____ Provide a statement describing circumstances that occurred during that time that were extremely, extraordinary and clearly beyond your control. Explain why you did not withdraw from the semester, how your circumstances prevented you from successfully completing the semester, and what has changed. Note: lack of motivation, poor time management, increased work hours, academic overload, etc. are not acceptable reasons.

_____ **Strong supporting documentation** (e.g. letter from doctor on letterhead outlining dates & issues, death certificate, police report, etc.) **must be attached in order to be considered for approval.** Bills, medication reports or release paperwork is not appropriate documentation.

Example: Semester/Year: Fall 2017

Taken: Semester/Year: _____ I am requesting retroactive withdrawal from all courses in the indicated term.

Example: Dept./Course Number: ENGL 205

Example: Section Number: 12345

Dept./Course Number: _____ Section Number: _____

Dept./Course Number: _____ Section Number: _____

Dept./Course Number: _____ Section Number: _____

Dept./Course Number: _____ Section Number: _____

Dept./Course Number: _____ Section Number: _____

The standard time periods to officially withdraw from classes are as follows:

1. Student can drop classes online via Student Center prior to the first day of instruction.
2. Drops done online via Student Center. No form or permission needed for the first 19 days of instruction.
3. Starting on the 20th day of instruction, drops require a serious & compelling reason. Completed Drop/Withdrawal form and required signatures. Approved drops will receive "W" on student transcript.
4. During the last 3 weeks of instruction, drops only allowed for reason(s) beyond a student's control and require additional approval.

Courses receiving a failing grade are typically considered for retroactive withdrawal. If you received any passing grades in the term you are requesting, you must acknowledge below why your circumstances caused you hardship in only some, but not all of your courses.

Question 1: What circumstances occurred during the semester you are requesting a retroactive withdrawal from?

Question 2: If you received some passing courses that semester, please explain why you were able to pass some courses but not all.

Question 3: Why were you not able to drop during that semester?

Student Signature: _____ Date: _____

For Record Adjustment Committee Use Only

Date Committee Met: _____ Decision: _____ W WE

COMMENTS:

Signature: _____ Date: _____

REGISTRAR OFFICE NOTES

Form received by: _____ Date Entered in Database and Sent to Committee: _____

Processed by: _____ Date: _____

Imaged by: _____ Date: _____

Documentation was attached, but not scanned for retention. Type of Document: _____