



Petition for Retroactive University Withdrawal

evidence, petition for retroactive withdrawal from the University. The request must be submitted to the Registrar within 60 days of the withdrawal term. If approved, all grades awarded during the withdrawal semester will be changed to a grade of **W**.

Student Information (Please Print or Type)

Student Name: _____ Student ID: _____

UNA E-mail: _____ Phone: _____

Term Requesting Retroactive Withdrawal _____

Note: Retroactive University Withdrawal may adversely affect prior and future financial aid, scholarship award, health insurance, athletic eligibility, etc.

Incident requiring withdrawal from the University:

**If other, describe incident:* _____

Documentation Attached:

required

Signature(s)

Student Signature*: _____ Date: _____

**By signing this form I am acknowledging that I have up to sixty days (60) following the end of the semester for which the withdrawal is requested to apply for retroactive withdrawal from the University. I recognize that petitions filed after this time may or may not be accepted. Further, I accept that all course [fUXYgZf hYHfa iYei YgXk]` WYWUb[YX'rc:ī K ī 'UbX'hUhg Va]gg'cb'cZ any fraudulent materials will subject me to immediate judicial referral.*

Student Financial Services Signature*: _____

**Required if Financial Aid was received.*

Office of the Registrar