



Late Withdrawal/Tuition Appeal Committee
c/o Office of Records and Registration
303 Pierce Hall
Ypsilanti, Michigan 48197
Fax: 734.487.6808
late_withdrawal_tuition_appeal_requests@emich.edu

Request for Late Withdrawal and/or Tuition Appeal

Eastern Michigan University policy provides students an opportunity to drop or withdraw from individual classes or an entire term during certain deadlines. Please visit the dates and deadlines calendar at emich.edu/registrar for additional information. In the event that the deadline was missed, students may submit a *request for late withdrawal/tuition appeal for unforeseen extenuating circumstances*. Requests for semesters older than 3 years are not typically approved.

Requests for late withdrawal/tuition appeal *will be denied if filed for academic reasons, failure to drop/withdraw correctly, or nonattendance of a single course when other courses were attended the same semester*. If circumstances cannot be documented, requests cannot be approved.

After reading through the entire cover sheet, students may submit a request by completing all of the following steps:

1. **Fill out the appeal cover form,**
2. **Write a statement explaining why request is being filed,**
3. **Attach supporting documentation that corroborates the statement.**

Written Statement:

Your statement should explain why you have filed this request. It should describe circumstances that occurred in the semester being appealed. Please include approximate dates in your statement. You must clearly explain the extenuating circumstances that 1) prevented you from dropping/withdrawing by the deadline and/or 2) why you believe your condition warrants tuition refund. Such circumstances could involve the following:

- Personal health issues
- Personal legal issues
- Family medical/legal issues
- Documented error by university personnel

Documentation:

Verifiable documentation must accompany each request. It must come from a source other than you or a family member and must serve to confirm the circumstances you have described in your statement. Documentation usually comes in the form of professional letters (signed and on letterhead) from a doctor, attorney, therapist, work supervisor, clergy, or EMU faculty/staff. Other examples include:

- Medical documents (See Medical Condition Documentation form for required information. Students may use the form or provide a letter on letterhead which contains all of this information.)
- Primary Caregiver documentation (letter from medical staff stating that you are the primary caregiver of a friend or family member, describes timeframe, and type of care provided)
- Funeral Documentation (Obituary, Death Certificate)

Student Responsibility:

- Be aware of the possible implications of withdrawals/tuition appeals on academic standing, financial aid, graduate assistantships, housing, insurance, visa status, and other University services.
- If your request is for the current semester, you should continue attending class after you submit your appeal, until a decision has been made. If you discontinue attending class and your request is denied, you may risk negative grade consequences, in accordance with attendance and final examination regulations.
- You are responsible for all charges assessed on your student account (ebill.emich.edu) while your appeal is pending. Filing an appeal does not relieve your current financial obligation to EMU. Late fees will accrue on outstanding balances.
- An approved late withdrawal request will result in a 'W' grade and does not automatically result in removal of any financial charges.
- An approved tuition appeal will result in the removal of the applicable tuition/fees from the financial record. Student remains responsible for registration fee. Course(s) are not automatically removed from the academic record.

Please submit completed appeals (form, statement and documentation) via mail, fax or email:

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Late Withdrawal and/or Tuition Appeal Cover Form

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at registrar@emich.edu.

Please note that all documents become the property of EMU and will not be returned or copied after submission. You should make copies for your personal use before submission. Copying services are available at the library. Responses are usually sent within 3-4 weeks of submission. Incomplete appeals may delay this timeframe.

EID #	Name	Address (Street, City, State, Zip):	
EMU E-mail Address:	Phone Number		
Academic level: (circle one) Graduate Undergraduate		Have you graduated from EMU? If so, provide last degree date.	
For which semester is request being filed? (Circle one) FA WI SU Year: _____		For which option is the request? (circle one) Total Semester Individual Course(s)	
If request is for Individual Courses, please list using your my.emich account to complete:			
Course Prefix & Number (ex. COSC 136)	5-digit CRN	Instructor Name	Last Date of Attendance
1.			
2.			
3.			
4.			
Clarify your request. Place an 'X' next to the appropriate selection(s)		<input type="checkbox"/> Withdrawal – request for 'W' grade(s) – does not automatically result in removal of tuition/fees. <input type="checkbox"/> Tuition Appeal – request for tuition removal – does not automatically result in removal of course from academic record. <input type="checkbox"/> Both	

Student Responsibility:

Filing a Late Withdrawal/Tuition Appeal request may negatively impact other campus services. It is the student's responsibility to check with on-campus departments to determine the impact, if any, of an approved request. These offices include but are not limited to, the following:

- Campus Employment
- Campus Housing
- Financial Aid Office
- Office of International Students & Scholars (SEVIS)
- Student Business Services (3rd Party Billing, Refunds)
- Academic Advising (Academic Standing)

Upon filing this appeal, I understand:

- If my courses are currently meeting, I am responsible for attendance, coursework and billing.
- The approval of a late withdrawal request will not automatically result in any tuition/fees credit.
- I will receive all correspondence, including decision notification, through my.emich email.
- **No personal interviews** will be granted.
- If a tuition appeal is approved, I will still be responsible for the non-refundable registration fee. The fee must be paid within one week of approval notification.
- Falsification of any information on this form or documentation will be considered a violation of the Student Conduct Code and appropriate measures will be taken.

Student Signature: _____ Date: _____



Late Withdrawal and/or Tuition Appeal Medical Documentation Form

The required information is necessary for the continuous legitimate business and educational operation of Eastern Michigan University. It is, and will be, maintained in compliance with applicable US law, educational accrediting body requirements, and institutional policies and procedures. Questions or concerns may be directed to the Office of Records and Registration at registrar@emich.edu.

EID #	Name
For which semester is request being filed? (Circle one) FA WI SU Year: _____	For which option is the request? (circle one) Total Semester Individual Course(s)

Medical Information to be completed by provider

Instructions for medical/mental health provider: The student listed above has requested an academic exception from Eastern Michigan University due to a serious medical/mental health condition. Please provide detail about the impact of their medical or mental health condition for the indicated semester. In order to constitute a serious medical condition, a student must have been or will be unable to perform academically (attend class, study course content, take tests, write papers) for an extended period of time.

Brief summary of illness/condition: _____

Date of original diagnosis and most recent dates of treatment for this condition: _____

Is the condition considered (circle one): Chronic Episodic Acute

Was student hospitalized for this condition? If so, please provide dates. _____

What impact has the condition had on the student's academic performance and successful completion of the semester? If the student is requesting an individual course action, please explain why their condition would not impact all courses.

Did this condition impact their ability to withdrawal from classes in a timely manner? (circle one) Yes No

If so, please explain why: _____

Certification

Provider Signature

Printed Name of Provider

- Physician/Medical Professional (e.g. MD, DO) **or**
- Fully Licensed Mental Health Professional (e.g. Psychologist, Social Worker, Licensed Counselor)

Address

Date

City, State, Zip

Phone