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. Examples include personal health reasons, legal issues, family medical/legal issues, and documented issues of errors by university personnel. 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 entire cover sheet, Students may submit a completed request by 1. Filling out the attached form, 2. Writing a statement explaining why request is being filed, 3. Attaching documentation that corroborates the statement. See below for details.

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 what type of unforeseen extenuating circumstances prevented you from completing course work, attending the course(s), or dropping/withdrawing by the deadline. Such circumstances usually involve the following:
* Significant illness (Physical/Mental)
* Family crisis
* Mandatory change of work schedule
* Legal complications
* University error

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 or verify 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)
* Birth 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 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 requests (form, statement, and documentation) to
Late Withdrawal/Tuition Appeal Committee c/o Records and Registration – 303 Pierce Hall, Ypsilanti, MI 48197 –
Fax: 734-487-6808 – E-mail: Late-Withdrawal_Tuition_Appeal_Requests@emich.edu

Revised 3/2016
Request for Late Withdrawal/Tuition Appeal

Instructions: Read instruction sheet in its entirety before submitting request. Complete request form. Write a statement explaining why you are filing the request. Provide documentation that corroborates your statement. 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 2 to 6 weeks of submissions. The need for additional documents may delay this timeframe.

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<thead>
<tr>
<th>EID #</th>
<th>Last Name</th>
<th>First Name</th>
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</table>

EMU E-mail Address (Communicate through e-mail only)

@emich.edu

Daytime Phone number

Academic level (circle one)

Undergraduate Graduate

Have you graduated from EMU? If so, provide last degree date.

(circle one) FA WI SU Year:

For which semester is request being filed?:

Request is for a TOTAL or INDIVIDUAL course action.

If individual, list course(s) being appealed. Please use your student schedule on your mp.emich account to complete the section below.

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number (ex. COSC 136)</th>
<th>5-digit CRN</th>
<th>Instructor Name</th>
<th>Last Date of Attendance</th>
</tr>
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<td>1</td>
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<tr>
<td>6</td>
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</tbody>
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Clarify your request. Place an "x" next to the appropriate selection(s)

Withdrawal - request for 'W' grade(s) - does not automatically result in removal of tuition/fees

Tuition Appeal - request for fee removal - does not automatically result in removal of course from academic record

Student Responsibility:
Filing a late withdrawal request/tuition appeal 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
* Office of International Students (SEVIS)
* Campus Housing
* Student Business Services (3rd Party Billing, Refunds)
* Financial Aid Office
* Academic Advising (Academic Standing)

I understand that if my courses are currently meeting, I am responsible for attendance, coursework, and billing.

I understand that the approval of a late withdrawal request will not automatically result in any tuition/fees credit.

I understand that I will receive all correspondence, including decision notification, through my.emich e-mail.

I understand that no personal interviews will be granted.

If a tuition appeal is approved, you will still be responsible for the non-refundable registration fee. The fee must be paid within one week of approval notification.

I understand that 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: __________________________

Return completed requests (form, statement, and documentation) to the Late Withdrawal/Tuition Appeal Committee
c/o Records and Registration ~ 303 Pierce Hall, Ypsilanti, MI 48197 ~ Fax: 734-487-6888 ~ E-mail: Late_Withdrawal_Tuition_Appeal_Requests@emich.edu

Revised 3/2016
PART A. Student Information

Student name (last, first, middle initial) _________________________ University ID # ________

For which semester is the academic exception request being filed?
(circle) Fall Winter Summer Year: ____________

Is this request for a total semester action ____ or an individual course action ____?

PART B. 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 chronic ________, episodic ________, or acute ________?

During the semester listed above, the student is/was unable to perform academic requirements during the dates of ________ to ________.

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 the student's condition and/or treatment affect the following daily functions?

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Ability to concentrate/study</td>
<td></td>
<td></td>
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<tr>
<td>Ability to attend classes</td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to sleep</td>
<td></td>
<td></td>
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<tr>
<td>Mobility</td>
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<tr>
<td>Other</td>
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</table>

What does the student need to do to address the situation in order to successfully complete future academic semesters?

PART C. 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 _________________________

City, State, Zip _________________________

Date _________________________

Phone _________________________

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