



Request for Retroactive Withdrawal

Date: August 17, 2022

The College of Engineering and Applied Science (EAS) follows University policy regarding withdrawals. Please refer to your University Catalog for details on this policy. However, in the event of significant extenuating circumstances (i.e. medical treatment, family crisis, financial distress) during a semester, a student may petition to retroactively withdrawal from some or all courses of that semester. EAS's policy on retroactive withdrawals dictates that the request must be made within three calendar years (9 terms) of the end of the semester in question.

INSTRUCTIONS: Complete all fields of the form below, plus a typed letter of explanation for your request – petitions without a typed explanation will be denied. Relevant documentation supporting your explanation (i.e. hospital bill/records, court documents) may be included at your discretion. Make a copy of your completed petition for your records, then submit your electronic petition to the Program Assistant for your department.

Mechanical: mae@uccs.edu

Electrical: ewynhors@uccs.edu

Computer Science: CSinfo@uccs.edu

NOTE: Approval of retroactive withdrawals is at the discretion of the Department Chair and the Dean of EAS and may be denied. There is no guarantee, express or implied, that requests will be approved. Remember that your letter of explanation represents you to your Department Chair and Dean. Letters should be thorough, concise, clearly written, and indicative of your best communication skills.

I, the student listed below, request to be retroactively withdrawn from Fall ___ Spring ___ 20___ courses listed below.

All ___ or (list specific courses to be dropped) _____

Further, I acknowledge that, if approved, I will be withdrawn from the courses list above and all grades will be marked accordingly.

Requestor information:

Student ID: _____

Student Name: _____

Major: _____

Anticipated Term of Graduation: _____

Email: _____@UCCS.edu

Phone: _____

Student Signature: _____

Date: _____

Departmental Decision: Approved Denied

Chair/Designee Signature: _____ Date: _____

Remarks/rationale: _____

Dean's Decision: Approved Denied

Dean/Designee Signature: _____ Date: _____

Remarks/rationale: _____