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 withdraw 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I, the student listed below, request to be retroactively withdrawn from Fall _____ Spring_____20_____ courses listed below.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Further, I acknowledge that, if approved, I will be withdrawn from the courses list above and all grades will be marked accordingly.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: ___________________________