



# EKU – COMPASSIONATE WITHDRAWAL COMMITTEE

Office of the Registrar: Whitlock CPO 58, 521 Lancaster Avenue, Richmond, KY 40475-3158  
Phone: (859) 622-2320 FAX: (859) 622-8031

## COMPASSIONATE PETITION FOR LATE WITHDRAWAL

*(Remember to attach all appropriate documentation in support of this appeal.)*

Any student who was the victim of extraordinary circumstances which affected their academic performance, and which interfered with their ability to withdraw from a class, or the University, before the end of the 12<sup>th</sup> week of the semester may submit a petition requesting a compassionate withdrawal. The petition will be considered by the University Withdrawal Appeals Committee. If the petition is approved by the Committee the Registrar will process the withdrawal and assign a “W” grade to any and all affected classes.

Name: \_\_\_\_\_

Please print.

Student's signature: \_\_\_\_\_

EKU ID: \_\_\_\_\_ Please Provide Phone Contact: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

EKU Email: \_\_\_\_\_

*The Office of the Registrar will only send student record information to your secure EKU email address.*

- WITHDRAW TERM:** circle and complete year of term of your petition  
                   FALL 20 \_\_\_\_\_                    SPRING 20 \_\_\_\_\_                    SUMMER 20 \_\_\_\_\_
- Last term at EKU: \_\_\_\_\_ Current cumulative GPA (grade point average): \_\_\_\_\_
- Degree/Major desired: \_\_\_\_\_ Hrs. toward graduation: \_\_\_\_\_
- If you are **returning** to the University then write in the next term you intend to re-enter EKU:  
                   FALL 20 \_\_\_\_\_                    SPRING 20 \_\_\_\_\_                    SUMMER 20 \_\_\_\_\_

List below all classes you to withdraw from – if you wish to withdraw from all classes in the above semester simply check the box marked “Complete University Withdraw”.

**Complete University Withdraw** – I am requesting a “W” in each and every class I am/was enrolled in the term indicated above. - [NO NEED TO LIST CLASSES BELOW IF COMPLETE WITHDRAW]-

### Specific Class Withdraw

CRN	Class Prefix (e.g. BIO)	Class Number (e.g. 101)	Instructor Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**PETITION:** Respond to each of the following in the space provided or on additional paper if necessary.

**Remember to attach all appropriate DOCUMENTATION to support this appeal.**

A. Do you have the required DOCUMENTATION to support your claim that extraordinary circumstances, beyond your control, prevented you from withdrawing by the 12<sup>th</sup> week of the term?

\_\_\_\_\_ YES..... If yes then you may proceed with completing and submitting this petition.

\_\_\_\_\_ NO .....If no, then please note that **documentation is required** before the Committee can review your petition.

B. Did you review your midterm grades in the class(es) for which you wish to withdraw? If NOT, why not?

C. Give a detailed explanation of the extraordinary circumstance with affected your ability to succeed in your class/es and why you did not withdraw from the above class(es) before the deadline to do so (12<sup>th</sup> week of class). Include additional pages if necessary. **Attach your documentation** to completed petition form.