

Policy Agreement for Late Withdrawals – Complete One Form Per Course

A student may request a late withdrawal through the Office of the Registrar when a documented illness or other extraordinary circumstance prevents withdrawal from a course by the established deadlines.

Failing a course is not an appropriate reason to seek a late withdrawal. Students who are failing a course should follow the "Repeating Courses" policy stated in the catalog.

Students seeking a total medical withdrawal should contact Health Service or the Counseling Center.

The deadline for submitting a late withdrawal is March 15th for the immediately preceding fall semester and October 15th for the immediately preceding spring or summer semester.

Procedures for Submitting A Late Withdrawal Requests

- Complete the "Policy Agreement for Late Withdrawals" and "Late Withdrawal Request" forms. Clearly state the reason that prevented you from dropping by the drop deadline.
- The submission of the Late Withdrawal request form does **not** guarantee that the withdrawal will be approved.
- Obtain recommendation and signature from the instructor of the course and the department chair.
- Return the completed forms and supporting documentation (if applicable) to the Office of the Registrar, 1220 Old Main. You may fax to (217) 581-3412, scan or take legible photo with phone/tablet and email to registration@eiu.edu.
- Upon receipt of the completed forms, the Registrar will determine whether granting of the late withdrawal is consistent with applicable policy. The determination will be sent to the student's EIU e-mail account.
- If the student wishes to appeal the Registrar's decision, upon request, the Office of the Registrar will forward the Registrar's determination of Late Withdrawal requests to the Appeal Committee, whose decision is final and not subject to further appeal. Appeals must be requested no later than one year from the close of the term in which the course was taken.

You will be assessed a non-refundable Late Withdrawal Fee of \$25 per credit hour requested with a maximum of \$100 per occurrence. The Maximum is \$100, even if you withdraw from multiple courses at once. The fee will be assessed upon the request of late withdrawal and is applied whether the withdrawal is approved or denied.

The Late Withdrawal request will not be processed without a signed policy agreement.

Course to be considered for a late withdrawal for: the SP _____ (year) FA _____ (year) SU _____ term.

_____ CRN# _____

Or All Courses for the term _____

I understand that:

- **Submission of the Late Withdrawal request form does not guarantee the withdrawal will be approved**
- **My account will be assessed a non-refundable late withdrawal fee as listed above**
- **The Registrar's/Appeal Committee's decision will be sent to my EIU e-mail account**

Student Signature _____ E# _____ Date _____
(hand written signature is required)

Office Use:

Late withdrawal request fee amount to be added to the student's account _____

Revised 4/20/15

LATE WITHDRAWAL REQUEST

Student's Name: _____

E # _____

Contact Telephone # _____

The student should provide an **explanation** of the extraordinary circumstances or a documented illness **that prevented them from dropping by the deadline.** (Fill in explanation and print one copy per course to take to the instructor.)

I am requesting late withdrawal from _____ CRN# _____ taken _____
department/course/section semester/year

Or all courses for the term _____

Explanation of extraordinary circumstances or a documented illness that prevented your from dropping by the drop deadline.
(print clearly or attach a typed statement):

*** If you are seeking a withdrawal for medical reasons, attach a copy of your health record or information from your treating provider (if other than EIU Health Service or Counseling Center) related to this request. Withdrawals for medical reasons will be sent to Health Service or the Counseling Center for their recommendation.

Student's Signature: _____

Date: _____

Instructor Information

Last Date Student Attended: _____

[] Never attended this class.

Instructor's Recommendation: _____

Instructor: _____
Instructor's Signature

Date

Chair Recommendation

Chairperson of the department in which the course is offered: *(Consultation with the Graduate Coordinator is recommended for all graduate courses.)*

[] I support the action to allow a late withdrawal.
[] I do not support the action to allow a late withdrawal.

Reason for Recommendation: _____

Dept Chair: _____
Dept Chair's Signature

Date

PLEASE RETURN TO OFFICE OF THE REGISTRAR, 1220 OLD MAIN