

## OFFICE OF THE REGISTRAR

5840 26th St. W., Bldg. 1, Rm. 237, Bradenton, FL 34207 • phone 941-752-5060 • fax 941-727-6380 Registrar@SCF.edu

# **Request to Appeal the Withdrawal Policy**

Step	1: Co	mplete	this	form
------	-------	--------	------	------

Date:	Student ID (G#):
Name:	
Phone Number:	
Student Email:	
Academic Program:	

#### **GUIDELINES:**

- •Requests to appeal the withdrawal policy are to be made within one calendar year of when the grade was assigned to the course.
- •Such requests will be granted only if a student demonstrates verifiable extenuating circumstances, clearly beyond the student's control.
- •If the request is approved the "F" grade will be changed to a "W" grade, with no GPA consequences.

# List course(s) for which you are requesting a "W" grade

CRN (ex. 12345)	Course Prefix (ex. ENC)	Course Number (ex. 1101)	Section Number (ex. B01)	Course Semester (ex. Fall 2019)	Instructor Name

- **Step 2:** Attach a letter that clearly explains the *extenuating circumstances* that were outside of the student's control and occurred during the semester that was impacted.
- **Step 3:** Attach third party documentation that supports this request. This may include a doctor's note or other such third party documentation.
- **Step 4:** Submit completed and signed <u>form</u>, <u>letter</u> and <u>third party documentation</u> to <u>SCFCare@SCF.edu</u> from your SCF Student Email account.

NOTE:	Committee decisions are based solely	$m{\prime}$ on the information the student provided in the submission pack(		
	Ct. days Circust	D.		

Student Signature:	Date:
Committee Comment(s)-optional: Approved:	

### **Committee Signature**

Denied:

**Date**