

# **Request for Retroactive Withdrawal**

*Request for a late withdraw or change to audit*



7932 Opossumtown Pike, Frederick, MD 21702

Fax: (301)624-2799 Phone: (301)846-2431

**Return form and accompanying documentation to the above address**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ myFCC e-mail only \_\_\_\_\_

## **Please select which option best describes your reason for appealing-**

- I am requesting a late withdraw which will give me a grade of W.
- I am requesting a change to audit.

## **Check the reason for your request-**

- Personal illness: Requires dated medical documentation.
- Family issues: Requires documentation of event with dates, newspaper articles, court documents, etc.
- Job change: Requires signed letter on company letterhead.
- Military: Provide copies of orders, DD214, etc.
- I attended the wrong class: Requires statement from faculty.
- Record discrepancy: Registration records are maintained by law for five years. Students with requests prior to five years bear the burden of proof in a record discrepancy.

## **Please enter the course information for which you are appealing-**

Course \_\_\_\_\_ Term \_\_\_\_\_ Last date of attendance \_\_\_\_\_

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Course \_\_\_\_\_ Term \_\_\_\_\_ Last date of attendance \_\_\_\_\_

## **Supporting documentation- (REQUIRED). Your appeal will likely be denied if you do not provide documentation.**

1. You must provide a typed statement on separate paper to explain the details of your request. Specifically state why you were unable to withdraw before the deadline.
2. Provide documentation to support your appeal. Check above for examples.

*I verify that all requirements listed above are complete and are included with my appeal submission.*

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

## **For office use only**

Date received-

Reported last date of attendance-

Appeal result-