

Submit form to: registrar@ksu.edu
 Office of the Registrar
 118 Anderson Hall - 919 Mid-Campus Drive North
 Manhattan, KS 66506

salinaregistrar@ksu.edu
 Salina Registrar's Office
 2310 Centennial Rd
 Salina, KS 67401

Additional Information: <https://www.k-state.edu/registrar/students/withdrawals/index.html>

FORMS ARE NOT ACCEPTED DIRECTLY FROM THE STUDENT – all appeal packets must be received with all signatures from the College Dean's Office or Designee as the final signature requirement before moving to committee review. Once the form is complete including **ALL SIGNATURES (pg. 4)** and necessary supporting evidence the Office of the Registrar will log the receipt of the appeal and prepare it to go on the agenda of the next available meeting.

Student Information

Last Name, First Name, MI	WID (found in the upper left corner of your ID card)
K-State Email:	Phone:
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer _____ year	College/Major:

Action Requested

Action(s): **Definition of Drop/Withdrawal**

Late Course Drop: course(s) is removed from the Official Transcript & Late Course Withdrawal: "W" appears on the Official Transcript

This is an appeal for a Full University (from ALL courses listed below): Full Drop and/or Full Withdraw
 OR I am requesting to Drop and/or Withdraw from the individual courses listed below

Instructors: If Using CANVAS for grading or course interactions and the student has already dropped/withdrawn you can still see course interaction. Go to People>Click on the 3 dots upper right hand corner of page above +Group Set and Choose View Prior Enrollments. This will take you to any students that have dropped/withdrawn from the course.

Before collecting signatures please connect with Academic Advisor/College Dean's Office as they may have a process in place that will assist with collecting this information

	Course Prefix (i.e. MATH)	Course Number (i.e. 100)	Class Number (i.e. 12345)	Did Student Attend the Class	Last Date of Attendance/Engagement Confirmed by Instructor	Instructor Signature or Department Head Signature Verifying Last Date of Attendance/Engagement
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Drop <input type="checkbox"/> W/D				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Reason for Appeal:

It is highly recommended that you also review the *Guidance on Letters of Appeal* may be found at <https://www.k-state.edu/registrar/students/withdrawals/appealtrs/index.html>

Explain the extenuating circumstances that caused you to miss the drop or withdrawal deadline.

Extenuating circumstances are something beyond your control (e.g., medical condition, death of an immediate family member, accident, advisor error, etc.). NOT doing well in a course or failing a course is not an example of an extenuating circumstance.

Critical Information to Include – Make sure your story and timeline are clear, help the committee understand your circumstances.

The more information and detail you provide, the better. Leaving out essential information may delay a response or result in the appeal/request being denied. Submission of all requested materials and documentation is not a guarantee that the appeal will be approved.

- **Timeline** – It is very important that you include a timeline (with specific dates) to explain your situation. For example, include dates of discussion you had with your advisor about dropping the course(s), or the dates of any uncontrollable health-related or family issues that caused you to miss the drop/withdrawal deadline.
- **Documentation** – It also is critical that you provide documentation that verifies your reason (and associated dates) for missing the deadline (e.g., letter from a doctor to verify dates of health issues, emails to verify discussion with an advisor or instructor).

If you need more space to thoroughly explain your reason for appeal, **you may attach additional pages.**

My signature below acknowledges my understanding that the decision regarding this appeal is determined by the committee.

Student Signature: _____

Date: _____

I understand that falsified information can result in financial obligation, and dismissal from, the University and that making a false writing is a felony under Kansas Law ([K.S.A. 21-5824](#)). I also understand that information from my university educational records will be considered as part of this verification: with student date and signature. Removing the requirement of signature in presence of notary and signature of notary.

I am receiving Financial Aid (e.g., Grants, Loans, and Scholarships): Yes No
Please discuss the impact of a drop/withdrawal on your Financial Aid with your [Financial Aid Advisor](#)

I am an International Student (e.g., F-1, J-1): Yes No
Please discuss the impact of a drop/withdrawal on your immigration status with [International Student and Scholar Services](#)

I am a NCAA Division I Student Athlete: Yes No
Please discuss the impact of a drop/withdrawal on your NCAA Division I eligibility status with [K-State Athletics](#)

I am a Veteran Benefits Eligible Student: Yes No
Please discuss the impact of a drop/withdrawal on your Veteran Educational Benefits eligibility with the [Office of Veterans Affairs](#)

MILITARY DEPLOYMENT

Documentation is attached or has been provided showing required discontinuance of attendance for the course(s) listed. If Discontinuance of attendance was as a result of orders to active military duty arising from the need for a LONG-TERM TDY or emergency military deployment DO NOT CONTINUE WITH THIS FORM – instead connected immediately with the Office of the Registrar via e-mail at registrar@ksu.edu and send a copy of your orders for review. *If your Military deployment was a SHORT-TERM TDY/assignment to active duty or deployment, please continue with this form and attach the orders.*

HEALTH or PERSONAL EMERGENCY

Documentation exists with one of the offices listed below regarding a medical or personal emergency that contributed to missing the official drop/withdrawal deadlines. If you have marked **YES** to any of the offices listed below, please work with that office to **determine if this appeal process is required** or if a letter of verification or support would be applicable with this appeal. *You may include a letter from a medical provider if applicable but **DO NOT SUBMIT** any medical records with this appeal. If you do not have a direct medical provider, you may want to work with the appropriate office below to verify the medical documentation.*

Office of Student Life:	_____	YES	_____	NO
<u>Manhattan Campus</u>				
<u>Olathe Campus</u>				
<u>Salina Campus</u>				
<u>Counseling & Psychological Services:</u>	_____	YES	_____	NO
<u>Student Access Center:</u>	_____	YES	_____	NO
<u>Lafene Health Center:</u>	_____	YES	_____	NO
<u>Office of Institutional Equity:</u>	_____	YES	_____	NO

Student Support Services Unit Review

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

_____ I support this appeal _____ I do not support this appeal _____ I have no opinion on this appeal

_____ I have met with this student & feel the appeal should go to committee review

_____ I have NOT met with or had contact with this student & feel the appeal should go to committee review

Explanation/Additional Comments: Attach appropriate documentation and additional pages as necessary.

Student Support Representative: _____
(printed)

Student Support Representative Signature: _____ **Date:** _____

Academic/Faculty Advisor Review

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

_____ I support this appeal _____ I do not support this appeal _____ I have no opinion on this appeal

Explanation/Additional Comments: Attach appropriate documentation and additional pages as necessary.

Academic Advisor Name: _____
(printed)

Academic Advisor Signature: _____ **Date:** _____

Dean’s Office Review

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

_____ I support this appeal _____ I do not support this appeal _____ I have no opinion on this appeal

Explanation/Additional Comments: Attach appropriate documentation and additional pages as necessary.

Associate/Assistant Dean Name: _____
(printed)

Associate/Assistant Dean Signature: _____ **Date:** _____

Graduate School Review: *Additional signature/review is required for all Graduate Students by the Graduate School*

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

_____ I support this appeal _____ I do not support this appeal _____ I have no opinion on this appeal

Explanation/Additional Comments: Attach appropriate documentation and additional pages as necessary.

Associate/Assistant Dean Name: _____
(printed)

Associate/Assistant Dean Signature: _____ **Date:** _____