

## MEDICAL APPEAL FOR LATE WITHDRAWAL/DROP Due to Medical, Psychological or Family Emergency



FHSU ID                                  Last Name                                  First Name                                  MI                                  Date of Birth (MM/DD/YY)

Street Address                                  City                                  State                                  Zip Code

Are you receiving financial aid (i.e., loans, scholarships, work study, grants, etc.)     Yes\*     No

\*If you are a financial aid receipt, you should contact the Student Fiscal Services Office and the Financial Assistance Office in regard to how this withdrawal may affect repayment of financial aid and affect future eligibility.

### I am appealing for a late Withdrawal/Drop for the following course(s):

Year/Term the courses were taken	Course (e.g., ACCT 203)	Section (e.g., A, VB)	Course Title (e.g., Principles of Accounting I)	Credit Hrs. (e.g., 3)
Year: _____				
Term: (Fall, Intersession, Spring, or Summer) _____				

### For the above listed course(s), I am requesting:

\_\_\_\_\_ **Withdraw After Deadline:** I missed the **final deadline** to withdraw from the course(s) above. I am requesting to be withdrawn after the deadline. If approved, withdrawal will be noted with a 'W' on my transcript.

\_\_\_\_\_ **Withdrawal with a Tuition Refund (Drop):** I am requesting a refund of tuition for the courses noted above of \_\_\_\_\_ 50% or \_\_\_\_\_ 100%. Courses that receive a tuition refund do not receive a transcript notation.

### I have read the instructions on the reverse side and understand that:

- I must attach a letter of explanation and documentation of my extenuating circumstances.
- If approved to withdraw late, my withdrawal will be noted with a 'W' on my transcript.
- Appeals must be submitted no later than one term following enrollment in the course.
- By submitting this form, and other pertinent documentation, I understand that I **am not** guaranteed approval.
- All decisions by the Academic Appeals committee are final and not subject to further review.

Student's Signature

Daytime Phone Number

Date

*Required Signature: I certify the information provided in this appeal is true and accurate without evasion or misrepresentation. I understand if this information is found to be false or misleading, this fact alone will be sufficient cause for this appeal to be denied.*

## **Medical Appeal for Late Withdrawal/Drop Information Due to Medical, Psychological or Family Emergency**

Students may request a withdrawal from classes for medical, psychological or due to a family emergency (for self or immediate family). The Medical Appeal Form is used to request a waiver of University Policy. For example, you might feel you had special circumstances where you need to drop a course(s) after the University deadline or wish to request a different percentage refund other than the amount you received due to a medical, psychological or family emergency. Doing poorly in a course is not justification for submitting a medical appeal.

Medical appeals to withdraw late or obtain a tuition refund may be granted only for severe, extenuating circumstances, such as hospitalization, psychological reasons or a death in the immediate family, etc.

**Medical appeals for a late withdrawal must be submitted with documentation within one term** of your enrollment in the class(es) for which you are appealing. If you have extenuating circumstances to withdraw from a course(s), you must explain how these circumstances did not affect your performance in any course(s) you would like to keep on your schedule.

Documentation must be included with the appeal and **must show how the extenuating circumstance prevented withdrawal by the deadline date.**

Tuition refund and course withdrawal deadlines are available on the Registrar's Office website at, <http://www.fhsu.edu/registrar/Semester-Course-Drop-and-Withdrawal-Policy/>, for Fall, Intersession, Spring and Summer terms. It is the student's responsibility to be aware of these deadline dates and to complete course withdrawals prior to these deadlines.

## **Medical Appeal for Late Withdrawal/Drop Instructions**

1. Include a typed explanation of the medical, psychological or family emergency and how the situation created challenges for successfully completing the class(es). Any assertions you make in your explanation must be documented. The date(s) of last attendance in on-campus class(es) and last date(s) of participation in virtual classes must be noted in your request.
2. Include official documentation explaining the medical/psychological/family emergency (e.g., a letter from your physician/therapist, medical records or obituary, etc.), listing specific dates relevant to your appeal is required. **Copies of medical bills or prescriptions should not be submitted. Appeals submitted without sufficient documentation will be denied.**
3. Appeals must be submitted no later than one term following enrollment in the course.
4. Submit appeal in person, by mail, email, or fax as follows:
  - In Person: Chris Gist, Student Affairs Office, Sheridan Hall, Room 208
  - Mail: Chris Gist, Student Affairs Office, 600 Park St, Hays KS 67601
  - Email: [cgist@fhsu.edu](mailto:cgist@fhsu.edu)
  - Fax: (785) 628-4113

The Academic Appeals Committee meets every other week. If you have not received any communication within two weeks of submitting your complete appeal, please contact Chris Gist at (785) 628-4277. Official notification will be sent to your FHSU email within a few days after the Appeals Committee meets.