



RETROACTIVE WITHDRAWALS: Endorsed Model for Institutional Consistency

A retroactive withdrawal is defined as a request made to withdraw from a course/term after the last day of classes. While individual schools and colleges publish deadlines for course/term withdrawals independently, the last day of classes is the last possible date that a student may request a course/term withdrawal. It is the student’s responsibility to adhere to the published deadlines of the school/college. Any changes to the student’s enrollment record after that date are retroactive and should be considered exceptions to university policy. The University has a fiduciary responsibility to maintain and report an actual accounting of class and student enrollment totals for state, federal and other agencies. As such, at no point after the term has ended will a class be removed from the student record. It will remain on the record with a grade of W if the exception is approved.

APPROVAL PROCESS – GOVERNING BOARD	<p>Each school and college will designate a standing committee made up of faculty and staff members to deal with requests for retroactive changes to a student’s academic record. The committee should use consistent and documented criteria for making decisions, and an official appeals process should be in place.</p>
TIME LIMIT	<p>In general, changes will be considered only within 12 months from end of the term.</p>
SCHOOL/COLLEGE POSITION	<p>The school or college will actively discourage retroactive changes, and consider rare exceptions to this rule only when the student 1) makes a compelling case that the withdrawal is appropriate, and 2) provides documentation supporting his/her case.</p>
REQUESTS FOR CHANGES MUST: 1) Provide evidence that the student was unable to complete the term 2) Apply to all classes 3) Explain why a late withdrawal petition was not submitted during the term	<p>Non-attendance and/or failure to complete assignments would be expected in the face of: -Family crises or physical difficulties requiring the student to leave campus. - A debilitating mental health condition that makes it impossible for the student to go to class or attend to other business.</p> <p>Retroactive withdrawal will apply to ALL classes in the term unless a physical or mental health problem prevented the student from finishing a particular class. Examples include: - A student breaks a leg and can’t complete a dance class - A student with a documented anxiety/panic disorder is unable to complete a class that involves public speaking - A student never attends class and forgets to disenroll (can happen, for example, when a student registers early for Spring Term, but later decides not to stay in Ann Arbor for Spring/Summer).</p> <p>Is there a compelling reason why the student did not seek an incomplete or a withdrawal during the term? Did the faculty member have a good reason for not giving one? Or was the student too disabled to request one?</p>



4) Speak to any financial implications or other consequences of the change	<p>Will the change disqualify the student from MET/MESP, Veteran's Benefits, or financial aid for the term in question (in which case funding must be returned)?</p> <p>Will the change affect the student's athletic eligibility for the term in question (which could disqualify his or her team per NCAA rules)?</p>
DOCUMENTATION REQUIRED FROM STUDENT	<ul style="list-style-type: none">• Attendance or other verification from the instructor indicating the student did not complete the course• Statement from the instructor as to whether he or she supports the petition for retroactive withdrawal (The board may be in possession of information that the instructor has not seen.)• Physician's documentation concerning relevant physical or mental circumstances.• Documentation of other extenuating circumstances (obituary or other evidence of family emergency)• Statement from academic advisor or the Office of the Registrar that withdrawal from this course will not affect other classes on the student's transcript (e.g., pre-requisites/repetitions)
REQUIRED SCHOOL OR COLLEGE SIGNATURE	<p>If the governing board decides to grant the request, signature of the School or College Assistant Dean or higher is required prior to submitting to the Office of the Registrar.</p> <p>Forward signed form(s) along with completed Withdrawal Notice or Election Change Form to:</p> <p>Associate Registrar for Student Services Office of the Registrar 5000 LS&A Building 500 S. State Street Ann Arbor, MI 48109</p>
NOTIFICATION FROM THE OFFICE OF THE REGISTRAR	<p>The Office of the Registrar will notify the School or College:</p> <ul style="list-style-type: none">A) When the request is received,B) Update on status (record changed, or request denied with reason stated).



RETROACTIVE* TERM WITHDRAWAL PETITION GUIDELINES & COVER SHEET

For All University of Michigan Students

(*Retroactive is defined as after the last day of classes.)

Changes to the academic record after the fact are extremely rare and are only granted for extraordinary circumstances. Retroactive withdrawals are not granted if there is evidence that you finished or intended to finish a class (e.g. took the final exam or requested an Incomplete). Approval of a retroactive withdrawal does NOT indicate a tuition refund.

Name _____ E-Mail Address _____

(PLEASE PRINT)

Requesting withdrawal for _____ (Term and Year, e.g. Fall 2022) ** Phone # _____

****NOTE: There is a time limit of one calendar year for these requests. If more than one calendar year has elapsed since the end of the term for which you are seeking a withdrawal, you are not eligible to petition.**

ALL of the following must be submitted to the School or College in which you were registered at the time:

(Check with your academic advising unit for the appropriate address for submission.)

Your Argument

You must explain what happened that term, including a detailed chronology and compelling reason(s) why you were not able to finish your classes and why you did not request a withdrawal during the term.

Documentation

You must provide relevant documentation supporting the compelling reason(s) mentioned above. For example, if physical or mental health issues were involved, a letter from a health care provider should verify what happened and explain how that prevented you from finishing the term and requesting a withdrawal at that time.

Instructor Statements

The instructor for each class may be contacted for additional or missing pertinent information, including attendance patterns, dates and participation, requests for “Incomplete” grades, and whether or not you finished the classes in question.

PRE-SUBMISSION CHECKLIST

If you answer yes to any of the questions below, check with appropriate office BEFORE submitting this petition. A retroactive withdrawal may have financial, eligibility, or other consequences. You need to be aware of all possible consequences before deciding to go ahead with your petition.

- Are/were you receiving financial aid or do you have a scholarship? Is the State of Michigan’s MET program financing any part of your tuition? If yes, you should contact the Office of Financial Aid and/or the scholarship provider.
- Are/were you a student-athlete? If yes, you must inform the Academic Success Program and/or Compliance Services Office within the Athletic Department regarding impact on eligibility.
- Are you an international student in F-1 or J-1 immigration status? If yes, you should contact the International Center.
- Are you receiving veterans’ benefits? If yes, you should contact a School Certifying Official for guidance.
- Will the withdrawal affect other classes (e.g., pre-requisites/repetitions)? Please check with your school/college.

My signature below indicates that I have checked with the appropriate office(s) to determine if any of the above applies to me. I am aware of the consequences of a retroactive withdrawal and have decided to submit my petition.

Student Signature _____ UM ID # _____ Date _____

School/College Signature (Asst. Dean or higher) _____ Date _____

(Optional but strongly recommended) I have also discussed my case with a staff member in my academic advising unit.

Signature of Staff Member _____ Date _____

Staff Printed Name, Title, and E-Mail address _____