

**APPEAL FOR PERMISSION  
TO DROP CLASSES AFTER THE DEADLINE**

***Return completed form to the Office of Vice President of Academic Services, 2400 Tom L Wilson Blvd, Galesburg, IL 61401.***

A student who asks to be considered as an exception to the College policy regarding the Last Date of Withdraw from classes may submit an appeal to be reviewed by the Vice President of Academic Services and the appropriate instructor(s). The student is asked to read and complete the form below and provide appropriate documentation.**Appeals that are incomplete or have missing documentation WILL NOT be reviewed. The appeal form and accompanying paperwork must be received by 5:00 p.m. on the first Monday of finals.**

Complete the following steps:

1. Complete ALL items on both sides of this form. It is in your best interest that your responses be as specific and as detailed as possible.
2. Attached third-party, professional documentation to support your appeal. For example, In the case of death: obituary, death certificate, newspaper article. In the case of illness: letter from physician stating illness and length of recuperation, hospital bill, etc.
3. The student will receive written response within 7 business days of the receipt of this form by the Office of the Vice President of Academic Services.

Date: Click or tap to enter a date. Student ID Number Click or tap here to enter text.

Student Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Student Address: Click or tap here to enter text.

Term for which withdrawal is requested: Click or tap here to enter text.

Course(s) for which withdrawal is requested:

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name** | **Course Prefix & Number** | **Section Number** | **Instructor Name** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Explain in detail the circumstances that prevented you from meeting the withdrawal deadline.

Click or tap here to enter text.

1. State why you believe you should be considered as an exception to the College policy for the Late Date to Withdraw from Classes.

Click or tap here to enter text.

I certify that all information and documentation I have submitted pertaining this appeal is true and accurate and complete.

Student name: Click or tap here to enter text. Date: Click or tap to enter a date.

For Office Use Only

Received By: Click or tap here to enter text.

Date & Time Received: Click or tap here to enter text.

**Dean/Associate Dean:**

Approved  Denied

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

**Associate Vice President of Academic and Student Planning:**

Approved  Denied

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

**Director of Financial Aid:**

Approved  Denied

Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

**Vice President of Academic Services:**

Drop Granted  Drop Denied

Signature: Click or tap here to enter text.

Date: Click or tap here to enter text.

Comments: Click or tap here to enter text.