



The UNIVERSITY of OKLAHOMA

College of Professional and Continuing Studies

PETITION FOR RETROACTIVE WITHDRAWAL FROM A COURSE

Student Instruction Sheet

For the purposes of this petition form, please note the following:

*A **Retroactive Withdrawal** is not automatic and must be approved by the Director of Student Support Services or the Associate Dean.

*A **refund** will be granted only under certain mitigating circumstances, including but not limited to: military duty, life-threatening illness, death of a family member. E

* Each request for Retroactive Withdrawal and or Refund is considered by the Director of Student Support Services or the Associate Dean before additional action is taken. The Director or Associate Dean may determine that no refund is warranted.

Use this form to withdraw from a course from a previous term (***your request cannot exceed two full academic years***). Please fill out this form completely according to the following steps:

1. On a separate page, print or type an explanation and justification of the request. (Specifically, why do you think the request should be granted? What prevented you from accomplishing this before the deadline? What were the circumstances that led to this request?). Be specific, concise, and clear. Petitions that are illegible or poorly written may be returned without a decision. Reasons to retroactively withdraw that are **NOT** acceptable include:
 - **you did not perform as well as you thought you did**
 - **you changed your major or minor and no longer need the course to fulfill requirements**
 - **you forgot to withdraw before the published deadline**
 - **your financial aid did not come through**
2. Include your name, ID#, and date on the separate page.
3. Attach supporting documentation.
4. In your letter of petition, specifically indicate the name/title of the course(s), course number(s), and section(s) from which you wish to be retroactively withdrawn. OU Extended Campus staff will contact the instructors for verification/approval to withdraw.
5. **Return this form, your explanatory page, and supporting documentation** by email to pacsadvising@ou.edu. We will notify you of the outcome of this request. If the petition is approved we will notify the office of Academic Records.



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1610 Asp Avenue, Suite 108 Norman, OK 73072
 pacsstudentservices@ou.edu
 325-1061 FAX: 325-9032

PETITION TO RETROACTIVELY WITHDRAW FROM COURSE(S)

Please print clearly.

Full Name: _____ Sooner ID #: _____

Address: _____

Phone Number: _____ Email: _____

Major: _____ Classification: _____

Expected Date of Graduation: _____

For these courses did you receive?

Financial Aid: Yes, I did. No, I did not.

Military TA/Fee Waiver: Yes, I did. No, I did not.

If you received **Financial Aid** for the courses listed on this petition, you must contact Financial Aid directly, 405-325-2929 or pacsfinancialaid@ou.edu, so that they may discuss any impact this may have on your aid.

 *

Please allow me to withdraw from the following course(s) for the _____ semester.

List the name and number for each course:

I never attended the above course(s) I last attended the above course(s) _____

 Student's Signature:

 Date:

For Office Use Only

Recommended Action by Dir, Advising APPROVE DENY

Signature: _____ Date: _____

Decision of Director of Student Services or Associate Dean APPROVE DENY

Signature: _____ Date: _____