

OFFICE OF THE REGISTRAR

North Carolina Agricultural and Technical State University

Retroactive University Withdrawal Form

PLEASE NOTE

[Click here](#) to review the University's Retroactive Withdrawal Policy before starting this form. Requests for a retroactive withdrawal shall be considered on a case-by-case basis, and shall be based on one of the following reasons (documentation must be attached to this form for verification):

- Serious illness or documented medical condition
- Death of an immediate family member
- Involuntary call to active military duty
- Documented change in conditions of employment
- Newly documented learning disability
- Other emergency circumstances, legal requirements, or extraordinary situation

This form must be submitted to the student's Department Chair prior to the end of the semester immediately following the semester for which the retroactive withdrawal is being requested. Except under extraordinary circumstances or to comply with legal requirements, for retroactive withdrawals subject to the effective date of this policy, students are limited to one retroactive withdrawal during their academic career. Students are limited to no more than 16 credits of withdrawals throughout their degree.

STUDENT INFORMATION

Student's Name: _____ Banner ID#: _____

Classification: ☐ FR ☐ SO ☐ JR ☐ SR ☐ Graduate Student Current GPA: _____ Credit Hours Earned: _____

Student's NCAT Email Address: _____ Student's Phone Number: _____

Major: _____ Concentration: _____

Term of Withdrawal: _____ Year: _____

Reason for Withdrawal: _____ Date of Last Class Attended: _____

Student's Signature: _____ Date: _____

APPROVALS

Department Chair's Signature: _____ Date: _____

Vice Provost for Undergraduate Education's Approval: _____

FOR REGISTRAR'S USE ONLY

Date Request Received: _____ Date Processed: _____

Request Processed by (typed name): _____