



Charles E. Schmidt Post Mid-Term Withdrawal/Drop Request Form

This form is required by the Charles E. Schmidt College of Science to evaluate the merit of a student's request to withdraw from a class after the mid-term withdraw deadline. **This form must be completed before meeting with the College of Science representative.** You should generally allow up to two weeks for a decision, and continue participation in your classes while the decision is pending. Requests filed during the last week of classes and finals week, or thereafter, will be scrutinized more stringently than those filed when the documented circumstances occurred. You must attach documentation showing your inability or incapacity that prevented you from withdrawing PRIOR to mid-term, or the extenuating circumstances occurring AFTER the last drop date. Generally, you must petition to withdraw from all courses; partial withdrawals are unlikely to be approved.

Note: Usually students are considered for a late withdrawal only if they can certify **NON-ACADEMIC** reasons (e.g. having a low grade is not an acceptable reason for a late withdrawal). If your withdrawal is for medical reasons PRIOR to the last day of classes, this petition is not the proper procedure to request the drop; contact the Dean of Students.

The procedures to petition a late withdrawal are as follows:

1: Obtain and complete the two forms listed below:

-An Academic Petition and

-A Post Mid-Term Withdrawal/Drop Request (One for EACH CLASS)

2: Write a 1-page letter explaining your reasons for requesting the withdrawal, and attach any supporting documentation.

3: Ask the instructor of each course to complete a Withdrawal/Drop Request Form. The instructor's name, office, address, phone number, and email must be on the form.

4: Continue attending class until you receive a decision. Completing these forms does not constitute a withdrawal from class, unless approved. You will be notified of the decision via your FAU email.

****Please note:** if you have documentation of a **serious illness** or other circumstance that would have qualified for an Exceptional Circumstance (Medical) withdrawal had you made that request in time, it is possible to present this documentation to the Dean of Students Office. If they give you a letter stating that you would have been granted such a withdrawal, then you do NOT need to get the Withdrawal request form from each instructor.

Student Services Office, Charles E. Schmidt College of Science

777 Glades Road • Boca Raton, FL 33431

tel: 561.297.3700 • www.science.fau.edu/student_services/

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Post Mid-Term Withdrawal/Drop Request Form

STUDENT NAME: _____ Z-NUMBER : _____

EMAIL: _____ PHONE: _____

COURSE (PREFIX, NUMBER, SEQUENCE, & TITLE): _____

TERM: _____

To the Instructor:

Please assist the College of Science Student Services Office with our recommendation on this late withdrawal to the Academic Petitions Committee by supplying as much information requested.

1. Attendance

I [do]_____ [do not]_____ take attendance. Is attendance figured as part of the grade? Yes ___ No ___

If possible, please provide a sense of the student’s attendance pattern, was the student’s attendance:

Regular _____(until approximately what date): _____

Sporadic _____(until approximately what date): _____

Rare _____(beginning approximately what date): _____

2. Class Assignments, Quizzes, or Lab Assignments

If you assign homework or have quizzes, please provide the following:

_____ # of Class Assignments/Papers _____ # Completed _____ Average Grade
_____ # of Quizzes _____ # Completed _____ Average Grade

3. Tests and Writing Assignments

_____ # of Exams given as of today

_____ # of Exams taken by student

_____ current Grade on exams (average)

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4. What was the students overall grade (approximate) at mid-term (last day to withdraw)?

5. What is the overall grade for the student in your course? _____

6. Were you aware of this student's situation prior to receiving this form?

_____ Yes. When were you made aware? _____

_____ No

_____ I would like to personally discuss this case

Additional comments: (please indicate here whether you support, do no support, or have no recommendation regarding this student's request).

Instructor Name: _____

Instructor Signature: _____

Date: _____

Instructor Department: _____

Phone: _____

Email: _____

Please send this form via email to cosadvising@fau.edu for review.

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