

## Academic Policy Appeal

This form is used to appeal an academic policy for the reasons listed below. It is important to remember that students are responsible for meeting deadlines, following policies, and for their financial obligations. Sometimes, extenuating circumstances allow for exceptions. If you submit an Academic Policy Appeal, it is your responsibility to provide documentation and justification for consideration by the Academic Policies Committee. Carefully read and follow all the information that is set forth in this form.

You can submit an Academic Policy Appeal for the following reasons:

1. **Extend drop deadline (with no W grade)**
  - If selecting this option, you must indicate the last day you attended class.
  - If selecting this option, you should remain in the class until you are notified of the committee's decision.
2. **Extend withdrawal deadline (with a W grade)**
  - If selecting this option, you should remain in the class until you are notified of the committee's decision.
3. **Extend course audit deadline**
4. **Extend pass/no pass deadline**

If needed, the Advising & Peer Mentorship Office (Library, 2<sup>nd</sup> floor, [advising@rwu.edu](mailto:advising@rwu.edu)) can serve as a resource in preparing your appeal.

### INSTRUCTIONS:

**For your Academic Policy Appeal to be considered the following MUST be provided by the student:**

1. Completed Academic Policy Appeal. Unsigned appeals will not be accepted.
2. Attach a typed letter of explanation, written by the student. You should include the following:
  - What you are requesting.
  - Describe the extenuating circumstances which created the situation and how it impacted you, including why this situation prevented you from adhering to the drop/withdrawal/audit/pass-no pass deadline.
  - Provide applicable dates (when it happened).
3. Include documentation that will support your appeal. This may include support from your faculty member(s).

Documentation Examples
<u>Health</u> <ul style="list-style-type: none"> <li>Letter from your treating health care professional (on letterhead with signature)</li> <li>Hospital/medical facility records, appointments, medical bills</li> <li>Death Certificate, Obituary, funeral or memorial service program</li> </ul>
<u>Work</u> <ul style="list-style-type: none"> <li>Military orders</li> <li>Time card</li> <li>Letter from employer (on letterhead with signature)</li> </ul>
<u>Academic</u> <ul style="list-style-type: none"> <li>Emails or letters of support from faculty, staff, and/or advisor</li> </ul>
<u>Other</u> <ul style="list-style-type: none"> <li>Court records, police or accident report</li> <li>Additional documentation that supports your extenuating circumstance</li> </ul>

4. The appeal and supporting documentation should be emailed using the student's RWU email to [AcademicPolicyAppeal@rwu.edu](mailto:AcademicPolicyAppeal@rwu.edu).

**Appeals must be submitted no later than one semester after the semester in which the course was taken. Unless an appeal is filed within this period, it will not be considered.**

Semester course taken	Deadline to appeal
FALL	Last day of classes the following SPRING
WINTER	Last day of classes the following SPRING
SPRING	Last day of classes the following of FALL
SUMMER	Last day of classes the following FALL

### Academic Policy Appeal

Email completed form and any supporting documentation to [AcademicPolicyAppeal@rwu.edu](mailto:AcademicPolicyAppeal@rwu.edu)

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

Student RWU Email Address: \_\_\_\_\_

Student Level: ☐ Undergraduate ☐ Graduate Major(s): \_\_\_\_\_

Appealing for which semester: ☐ Year Fall ☐ Year Spring ☐ Year Winter ☐ Year Summer

Course	Instructor	Select an Appeal Option 1. Extend drop deadline (no W grade) 2. Extend withdrawal deadline (with W grade) 3. Extend course audit deadline 4. Extend pass/no pass deadline	Last date of attendance, if requesting to drop *
Example: WTNG 102.01	J. Doe	Extend drop deadline	12/15/2022

\* If not applicable, leave blank.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only

Committee Decision: ☐ Approve ☐ Deny

Committee Chair Signature: \_\_\_\_\_

Select one:

☐ Course Audit

☐ Course Pass/No Pass

☐ Course Withdrawal  
Date of Withdrawal: \_\_\_\_\_

☐ Course Drop  
Date of Drop: \_\_\_\_\_

Registrar Office: \_\_\_\_\_  
Initial Date

Bursar Office: \_\_\_\_\_  
Initial Date

Financial Aid: \_\_\_\_\_  
Initial Date

Committee Comments: