



DEPAUL UNIVERSITY

COLLEGE OF COMPUTING AND DIGITAL MEDIA

Appeal for late course withdrawal

The CDM late withdrawal process exists to assist CDM students who experience non-medical personal circumstances that negatively impact their ability to be academically successful. Students with medical and/or highly personal circumstances should utilize the Dean of Students late withdrawal process by visiting <http://studentaffairs.depaul.edu/dos/forms.html>

POLICIES:

- Students are expected to exhaust all academic options with faculty prior to filing for a late withdrawal.
- A student may only appeal for a late withdrawal once during their academic career.
- ALL necessary documents must be turned in before the specified deadline for each term.
- Approved late withdrawals will be recorded as a 'WA' on official transcripts.

INSTRUCTIONS:

Two documents are required to appeal for a late course withdrawal:

Application for Late Withdrawal

- Incomplete applications will not be considered.

Supporting Documentation

- Appeals **MUST** be accompanied by supporting documentation to substantiate your request. CDM reserves the right to request additional supporting material(s) including, but not limited to, a letter of support from the faculty member teaching the course.
- Supporting documentation will be treated confidentially.

A completed appeal packet must be submitted in person or via mail to:

CDM Academic Success Center
243 S. Wabash, Mezzanine Level
Chicago, IL 60604

DEADLINES:

Students must submit the completed appeal packet before the end of the regular term following the term of the class being petitioned for (Spring and Summer quarter appeals must be made before the end of the following Autumn quarter).

OTHER IMPORTANT INFORMATION:

- Submitting this request does not guarantee a late withdrawal.
- Material from CDM's course management system is not available after the last day of the quarter.
- You are academically responsible for the course(s) if your application is denied.
- You are financially responsible for the course(s) unless otherwise noted. Financial forgiveness may be considered in extreme circumstances.
- You are financially responsible for any housing costs incurred regardless of appeal outcome.
- You are responsible for considering any insurance issues that may arise from your choice to withdraw from classes. Please contact your insurer for the specifics regarding your policy regulations.
- International students are encouraged to consult an advisor in the Office of International Students and Scholars regarding potential implications regarding their student visas.
- All decisions are communicated to students via email.



Office Use Only Date Received: _____ Staff Initials: _____
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Appeal for Course Withdrawal Application (2 pages)

Student information:

Last Name:	First Name:	DePaul ID#:	
Address:	City:	State:	Zip:
Major:	Daytime Telephone:	E-mail Address:	

Please indicate the appropriate term

- Autumn Quarter
 Winter Quarter
 Dec. Intercession
 Spring Quarter
 Summer Session I
 Summer Session II
 Summer Session (10 weeks)

Year: _____

Course Name(s)	Class ID#	Course #	Section #	Current Grade	Last Date Attended Class

Please select one of the following

- I am requesting an administrative withdrawal only ("WA" recorded for the course(s) indicated)
 I am requesting an administrative withdrawal with tuition refund to my account

Financial aid information

- I DO receive Financial Aid
 I DO NOT receive Financial Aid
 I DID receive a refund from my DPU student account for the term I am appealing
 I DID NOT receive a refund from my DPU student account for the term I am appealing

Approximate refund amount I received: \$_____

Housing status Commuter Resident

Appeal for Course Withdrawal (page 2 of 2)

Student narrative

Please briefly explain your reason for this request below (write legibly and attach additional paper as needed)

Document check list

___ Appeal for course withdrawal application

___ Supporting documentation

No appeal will be considered unless ALL documents are submitted.

Student Signature: _____ **Date:** _____

For Office Use Only

Request denied: ___ Request approved: ___ Effective date: _____

Additional documentation required: Yes No Comment: _____

Forwarded to Student Records: Yes No Date: _____

Financial Forgiveness: Yes No

Authorized Signature: _____ Date: _____