FAU
STUDENT ACADEMIC SERVICES
College of Business
Florida Atlantic University

# Form 3
# The Late Withdraw Petition

**Please Carefully Read Below Before Completing This Petition**

**Instructions**

1) Fill out all four sections of this petition completely before submitting. Incomplete petitions will not be reviewed.
2) Request your professor complete an Instructor's Memorandum (Form 4).
3) Attach supporting documentation explaining your reason for the request.
4) Attach a personal statement of your circumstances and clearly state your desired outcome.
5) Please submit petition to Student Academic Services via e-mail to COBAdvising@fau.edu.
6) Students will be notified by FAU email of the decision. Make sure to include your FAU email address. If you do not provide an FAU email address, you will not be notified. The usual time frame for notification of decision is two weeks. All submitted documents become property of the College and will not be returned or saved. Please keep originals and make necessary copies for your records.

**Please Note:**

- Poor academic performance does not constitute grounds for late withdraw. If you have any questions on what information and/or documentation to provide, please contact the Student Academic Services office for assistance.
- If you completed the course or if the course was taken more than one semester ago, your petition will be denied. An exception can be made for non attendance.

1. Student Information: (Select One) ☐ Graduate Student ☐ Undergraduate Student

Name: _____ Student Number: Z#_____

Street Address: _____ Major: _____

City, State, Zip: _____ FAU E-mail (required): _____@fau.edu

_____ Day Time Phone (_____) _____-_____

2. Course Information:

_____ _____

Course Prefix, Number and Section or "Total" for All — Title

Semester/Year: _____ Instructor: _____

3. Reason(s) for Request:

- ☐ Personal Illness ----------→
- ☐ Never Attended
- ☐ Personal and/or Family Problems
- ☐ Work Circumstances
- ☐ Other: _____

**Documentation to Provide For Personal Illness:**

- Physician / Clinician's written statement must include: Diagnosis (DCM/ICD), prognosis and dates of treatment. Must be on Physician / Clinician's letterhead, and include the Physician / Clinician's name, title, date, and signature. Prescription pad note WILL NOT be accepted.
- Physician / Clinician's must state that condition prevents successful completion of the course(s) and the reason(s) why
- Note: The medical documentation will be sent to the Dean of Students Office for review by the ECW team for the purpose of verifying the documents.

4. Personal Statement:
Write a one page letter describing your circumstances and what you want and attach needed documentation along with this form.

_____ _____

Student Signature — Date

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**Departmental Use Only – Students: Do not write in this area.**

☐ Approved ☐ Denied ☐ Deferred ☐ No Action

☐ Approved for Medical or Personal Hardship

_____

Assistant Dean or Director Signature — Date

Comments: _____

Revised: 4/23/25 -CR