

**Undergraduate Advising  
Academic Dean's Office**  
(Formerly Pre-Major Advising Services)

607 Goodell Building  
University of Massachusetts  
Amherst, MA 01003  
413-545-5103 (phone)  
413-577-0620 (fax)

**LATE COURSE WITHDRAWAL GUIDELINES**  
**ONLY FOR Undeclared, BDIC, or NXCHNG STUDENTS**

**TO THE STUDENT: THE ACADEMIC DEAN RARELY GRANTS PERMISSION FOR STUDENTS TO WITHDRAW FROM A COURSE AFTER THE MID-SEMESTER DEADLINE. TO PROCEED WITH THE PROCESS, CAREFULLY CONSIDER THE FOLLOWING:**

- ✓ YOU MUST START THIS PROCESS BY MEETING WITH A MEMBER OF THE DEAN'S STAFF DURING DROP-IN HOURS. FOR THE DROP-IN SCHEDULE CALL 413-545-5103.
- ✓ YOUR REQUEST WILL GO TO THE DEAN'S ACADEMIC REVIEW COMMITTEE ONLY WHEN ALL REQUIRED PAPERWORK HAS BEEN SUBMITTED; APPROVAL IS NOT AUTOMATIC.
- ✓ THE DEAN'S ACADEMIC REVIEW COMMITTEE WILL COMPLY WITH THE FOLLOWING UNIVERSITY *ACADEMIC REGULATION*: "After the mid-semester deadline, an academic dean can grant a student permission to withdraw from a course with a "W" when documented extenuating circumstances beyond the student's control have interfered with his/her ability to complete the work in the course. **NOTE: Poor academic performance does not constitute grounds for a late course withdrawal.**
- ✓ YOU WILL RECEIVE NOTIFICATION OF THE DECISION VIA *UMASS EMAIL*, TYPICALLY WITHIN ONE WEEK OF THE SUBMISSION OF ALL REQUIRED PAPERWORK.

**YOUR PETITION PAPERWORK MUST INCLUDE:**

**Part 1 – Student Information Form** (attached)

**Part 2 – Instructor Attendance & Performance Verification Form (APVF)** (attached), top portion completed by student, lower portion completed by the instructor, one for every course you are petitioning to drop. NOTE: An instructor's recommendation is *not* sufficient reason for the Dean to approve a late course withdrawal.

**Part 3 -A Personal Statement** from the student, typed, including a detailed explanation for why you missed the deadline and why you should be granted a late course withdrawal.

**Part 4 - Documentation** of your extenuating circumstances (see \*\* below).

**SUBMIT ALL MATERIALS to the Academic Dean's Office in 607 Goodell during regular drop-in hours; for drop-in hour information, call 413-545-5103. If you plan to forward some of the documentation to the office, please indicate how it will be sent.**

**\*\*DOCUMENTATION** (examples):

- (1) *Personal illness*: Information on the severity of the illness and dates of treatment from your personal physician. If treated at University Health Services, obtain a Medical Verification form in 607 Goodell, complete your part, and submit the form to the UHS Records Department. If you were treated elsewhere, your health care provider should send a letter on official stationery.
- (2) *Personal and/or family problems*: Description of the problem from a counselor, Dean of Students, clergy member, or family member. If you were treated at Mental Health Services, you should sign a Release of Information form in 127 Hills North. The Dean will call the MHS Director to confirm whether or not there is support for your request but no information about your condition will be released.

[06/2007]

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**PART 1 -LATE COURSE WITHDRAWAL PETITION  
STUDENT INFORMATION FORM**

**Only for students who are Undeclared, Pre-Major, BDIC, or NXCHNG**

Before submitting this petition please consider: (1) the implications of a late withdrawal on your financial aid, health insurance, or scholarship and (2) the possibility of arranging an incomplete with your instructor *if* you are passing the course.

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**1. STUDENT INFORMATION**

Name:	UMass Email:
Local Address:	City/State/Zip:
Local Telephone/Cell Phone:	Class Year:
Major:	Student #:

**2. COURSE INFORMATION**

Department:	Course # / Section#:
Title:	Instructor:
Semester:	Year of Graduation:

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

----- DEAN'S DECISION -----

Date \_\_\_\_\_ Approve/ Deny / Table  
Initials \_\_\_\_\_

COMMENTS:

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**Part 2 – INSTRUCTOR  
ATTENDANCE & PERFORMANCE VERIFICATION FORM (APVF)**

**A. To be completed by the Student:**

Student Name:	UMass Email:
Local Address:	City/State/Zip:
Major:	Student ID#:

Course Department:	Course#/ Section/ Schedule# / Credits
Course Title:	Instructor:

**B. To be completed by the Instructor:**

The information you provide will help us make a decision regarding the student's request. Your assistance is greatly appreciated. Please comment on the student's progress thus far.

**Requirements that have been completed or submitted, date submitted, and grade earned:**

(Please list type of assignment / test)

Assignment/Test	Date	Grade	Assignment/Test	Date	Grade

**Requirements that have NOT been submitted, due date, and grade assigned:**

Assignment/Test	Date Due	Grade ?	Assignment/Test	Date Due	Grade ?

**Please check the appropriate boxes:**

- I know this student . . .  Well  Not well
- Never attended a single class
  - Stopped attending on or before the end of the Add/Drop period (2<sup>nd</sup> week of semester)
  - Stopped attending on or before the course withdrawal deadline (mid-semester)
  - Attended beyond mid-semester until approximately \_\_\_\_\_ (date)

Additional Comments [use reverse side if necessary]:

**Please return this form to Undergraduate Advising, Office of Academic Dean, 607 Goodell. Thank you.**

Instructor's Name:	Instructor's Signature:	Date:
Title/Position:	Campus Phone:	Email: