APPLICATION TO WITHDRAW WITHOUT GRADE PENALTY

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: __________________________ Name: __________________________________________

Class Year: _______ Term: ___________ Year: __________________

Prior to the last three weeks of classes, students may request withdrawal without grade penalty (W) from a course with the permission of the instructor and advisor and approval from the Committee on Academic Standing (CAS). Students may accumulate a maximum of two W’s per academic career. A grade of "W" will appear as part of the transcript but will not be figured in the grade point average. Students receiving a grade of "W" are considered financially liable for that course. The total number of registered credits for the semester is not decreased. Students requesting a withdrawal should not stop attending class until official action has been taken. Exceptions to the two W rule (and deadline) are reviewed on a case-by-case basis by the CAS and are granted only for extraordinary circumstances beyond the control of the student, e.g. severe medical problems. Documentation is required for such petitions. Please attach any medical documentation, if appropriate.

COURSE INFORMATION

Please check one: That is my: □ First ☐ Second ☐ Other W since entering Skidmore.

Please check one: Is this course a prerequisite to a course you are enrolled in for a future semester? □ Yes ☐ No

CRN: _______ Course: _______ Sect: _____ Title: ___________________________ Last Date of Attendance: _______

Reason for Request: ____________________________________________________________

In requesting a W, students must meet with both the instructor and their advisor to discuss their progress in the course within a greater context and the larger implications of withdrawing (e.g., on graduation requirements, selecting a major, etc.). The signatures below grant permission for the student to request a withdrawal without grade penalty from the CAS. In addition to signing, faculty are welcome to submit a letter to the CAS with academic information if they have concerns about the withdrawal request but defer to the CAS for the final decision. This might include the timing of assignments, feedback, and unsatisfactory attendance history; other viable grading options, etc. The CAS considers academic information not accessible to instructors and advisors (e.g., medical documentation, history of other Ws used, CAS precedent) when making a decision. □ Letter attached

Signature of Instructor (required): ___________________________________________ Date: __________________________

Signature of Advisor (required): ___________________________________________ Date: __________________________

I understand that the course from which I am withdrawing will appear on my grade report with a “W” and that this withdrawal may make me ineligible for state aid (TAP) or participation in athletics. I understand that students withdrawing from a course should meet with a representative from Financial Aid if appropriate, and those studying under a student visa must obtain approval from the International Student Advisor in Student Academic Services (SAS) and fall within International Studies guidelines as a full-time student.

Financial Aid Representative (when applicable) ____________________________________________

HEOP/AOP Acad/Admin Director (when applicable) ________________________________

Coach/Athletics Director (when applicable) __________________________________________

International Student Advisor in SAS (when applicable) ____________________________

☐ SAS Use Only: Please check: Student falls under the Student Visa Regulation Authorization; allows student to be part-time.

☐ SAS Use Only: Please check: Student does not fall under Student Visa Regulation Authorization, and has been advised.

☐ SAS Use Only: Student is not authorized to drop below _____ credits.

Signature of Student: ___________________________________________ Date: __________________________

RETURN TO THE OFFICE OF THE REGISTRAR FOR COMMITTEE ACTION:

Action of CAS: _______Approved _______Rejected Date: _________ Initials: _________ Mins: _________ 8-9-18