

PETITION FOR ADMINISTRATIVE ADJUSTMENT

RO 10 Rev 060523

THE UNIVERSITY OF
TOLEDO

Office of the Registrar
Rocket Hall, Room 1100
Mail Stop #322
Toledo, OH 43606-3390
Phone: 419.530.4844
FAX: 419.530.4828

Requests for a discretionary drop/withdrawal/schedule adjustment may be granted to students with **EXTENUATING CIRCUMSTANCES**, situations beyond the student's control, that occur outside the normal policies and deadlines of the University. **Not all approved adjustment requests result in a monetary adjustment.**

Personal Student Medical Drops/Withdrawals: Do not complete this form to request personal student medical drops/withdrawals. Please contact the Student Medical Center (419.530.3493).

Notification: You will be notified by mail when a decision has been made. The processing time is approximately three weeks.

Deadline: A student must petition within one year of the term for which the adjustment is requested. For example, a request for a spring 2004 adjustment must be submitted by the end of the spring 2005 term. Contact the Student Medical Center regarding the deadline for student medical drops/withdrawals.

NAME	Last	First	Middle Initial	Student SSN/ID Number
Street Address				College Enrolled
City	State		ZIP	Phone Number

TERM FOR WHICH ADJUSTMENT IS REQUESTED: Spring Summer Fall Year: _____

EXTENUATING CIRCUMSTANCE	
Check appropriate box	<input type="checkbox"/> Military service - Must attach Call to Active Duty papers
	<input type="checkbox"/> First time student registered for classes but never attended
	<input type="checkbox"/> Classes held that would have been deregistered
	<input type="checkbox"/> Current term hold prevented drop
	<input type="checkbox"/> Mandatory job change - Must attach letter from employer on company letterhead documenting the job change and that it was <u>mandatory</u>
	<input type="checkbox"/> Death in immediate family (mother, father, brother, sister, spouse, significant other, or child) - Must attach appropriate documentation
	<input type="checkbox"/> Other (Please explain in attached Written Statement)

ACTION REQUESTED	
Check appropriate box(es)	<input type="checkbox"/> Change in registration
	<input type="checkbox"/> Late add/drop (attach Course Request Form)
	Note: Late course additions must have the signature of the instructor and dean on the Course Request Form. Graduate students must have the signature of the Dean of the Graduate School.
	<input type="checkbox"/> Withdrawal outside normal limits (attach Withdrawal Form)
	<input type="checkbox"/> Waive late registration fee
	<input type="checkbox"/> Waive late payment fee
<input type="checkbox"/> Other (Please explain in attached Written Statement)	

ATTACHMENTS CHECKLIST — Your request will not be considered without the following documentation.	
<input checked="" type="checkbox"/>	Written Statement Explain why you are making this request including dates, details, and if you are requesting any financial adjustment. If your request concerns adding/dropping/withdrawing from class(es), please state whether you are attending the class(es), if you ever attended the class(es), or the last date you attended the class(es).
<input checked="" type="checkbox"/>	Supporting Documentation Depending on the reason you are making this request, this documentation includes, but is not limited to, statements from your instructor, advisor, college, or employer; obituaries; Call to Active Duty papers; or other types of documentation to support your request.
<input checked="" type="checkbox"/>	Course Request Form or Withdrawal Form This form must be attached if your petition involves changes in registration. Course Request Forms must have the necessary signatures for late adds.
	NOTE TO FINANCIAL AID RECIPIENTS We suggest consulting with your FA counselor before making this request. If your request is approved and you fall below part-time status as a result of this adjustment, you may be responsible for early loan repayment. Approved petitions may result in a reduction in financial aid for the term adjusted and result in a balance due.

Please READ this first, then sign and date: I have attached the appropriate documentation and understand that withdrawing from courses or dropping courses may have an adverse effect on financial aid benefits, scholarships, loan deferments, athletic eligibility, health insurance, veterans benefits, degree requirements, or other areas.

Student Signature

Date

For College/Departmental Use Only: _____

For RO Use Only: Approved Denied By: _____ Date: _____ Bursar Action SMC Approval Referred to Committee

Action: _____