PETITION FOR WITHDRAWAL

RO-14 Rev 20220919



Main Campus Rocket Hall, Room 1100 Mail Stop 322 Toledo, OH 43606-3390 registrar@utoledo.edu

Health Science Campus
Mulford Library, Room 114
Mail Stop 1041
Toledo, OH 43614
hscregistrar@utoledo.edu

WITHDRAWAL DEADLINE INFORMATION

This petition must be received in **Rocket Solution Central (RSC)**, **Rocket Hall**, **Room 1200**, by the deadline date. When mailing, the envelope must be postmarked by the deadline date. In all instances, **always verify the withdrawal** through the myUT portal after allowing for processing time.

Specific withdrawal dates for a term can be located on the Registrar's Office webpage or by contacting RSC at 419.530.8700.

CRN	Subject	Course No.	Section No.	Credit Hrs.
Example: 13811	MATH	1150	002	4.0

IMPORTANT

- The instructor's permission is not required to withdraw from class(es).
- Processing of this petition will result in a grade of "W" on your transcript, indicating an official withdrawal from class.
- Resulting grade of "W" cannot be rescinded.
- To determine the number of withdrawals allowed, you will need to consult your advisor.
- Department approval is required to withdraw from a co-requisite course. Please obtain signature in the area indicated below.

Department Authorization to Withdraw from Co-Requisite Course

Department Representative	Title	Date
	olarships, loan deferments, athlet , or other areas. If you are uncerta your situation, you should contact	ic eligibility, health insurance, veterain what effect withdrawing from the

STUDENT STATEMENT

I have read the above warning and understand the possible consequences associated with withdrawing from a class. I am requesting to withdraw from the above course(s) and understand that the **resulting grade of "W" cannot be rescinded and, based on the date of withdrawal, my fees may or may not be adjusted as a result of this request**.

Student Signature	Date