



**Office of the Registrar**

**Main Campus**  
 Rocket Hall, Room 1100  
 Mail Stop 322  
 Toledo, OH 43606-3390  
 Phone: 419.530.4844  
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 registrar@utoledo.edu

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 Mulford Library, Room 114  
 Mail Stop 1041  
 Toledo, OH 43614  
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**Petitions based on a personal medical illness/injury/condition require certain documented medical information and a separate application packet must be used. DO NOT USE THIS FORM.**

*Medical drop/withdrawal requests are considered in the event of catastrophic/serious illnesses, injuries or conditions that seriously impair and/or incapacitate the student and impair the student's ability to attend classes.*

*Please contact the Office of the Registrar (419.530.4845) for information on the criteria necessary for submission. If you meet the criteria, an application packet will be sent to you. Medical drop/withdrawal petitions can be submitted only for the term currently in session; the deadline for submission of medical drop/withdrawal petitions is the last day of classes.*

**Administrative Adjustment Policy**

In certain extenuating circumstances that occur outside the normal policies and deadlines of the University, discretionary drop/withdrawal/schedule adjustments may be granted. A student must petition the Office of the Registrar within one year of the term for which the adjustment is requested and must provide a written statement explaining why an administrative adjustment is requested. This written statement must include dates, details, any financial request, documentation supporting the explanation, and a completed Course Request Form or Withdrawal Form as appropriate.

Permission for an exception from published policies and deadlines **is not automatic**, and each request receives consideration based on the student's extenuating circumstances as presented. **The Administrative Adjustment Review Committee and the Office of the Registrar reserve the right to approve, deny, or void requests at any time.** Any misrepresentation of facts or submission of fraudulent supporting documentation is cause for immediate denial. Student Judicial Affairs may be contacted for further action.

**Financial Aid Recipients**

Not all approved adjustment requests result in a monetary adjustment and approved requests could cause repayment of monies. If you are a financial aid (FA) recipient, we suggest you consult 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.**

**Petition Deadline**

There is a **one-year time limit**. Students may not file a petition if more than one year has elapsed since the end of the semester in question. **This deadline is strictly enforced.**

**Notification**

You will be notified by mail when a decision has been made—be sure to put your accurate mailing address on the form. The processing time could take up to four weeks, depending on the volume of petitions received.

**Petitions based on the following will be immediately denied:**

- Inability to complete a course due to lack of a functioning personal home computer/required software or lack of transportation to and from campus.
- Failure to secure financial aid or funding.
- Non attendance of a course. However, if a student fails to deregister from ALL classes that they have registered for during the semester, once non-attendance has been verified, a 100% credit will be processed and a \$500 administrative fee assessed.
- Fee adjustments to parking/meal plan or health insurance. You must contact the appropriate office: Parking/meal plan, *myPIC* (419.530.5842); Health insurance, *Student Medical Center* (419.530.3466).
- Academic issues. Students must follow the Academic Grievance Procedure.

**Failure to provide supporting documentation and/or a complete personal written statement as part of this petition will justify immediate denial.**

**Student Acknowledgement**

I have read the above information 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, veteran's benefits, degree requirements, or other areas.
- Misrepresentation of any of the facts or events in this petition is grounds for denial.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Rocket Number

# PETITION FOR ADMINISTRATIVE ADJUSTMENT

## Student Information Sections (Please print legibly.)

### Section 1

#### Term for which adjustment is requested:

Must be within the 1-year deadline.

Spring

Year: \_\_\_\_\_

Summer

Fall

### Section 2

#### Student Contact Information

Please provide an address where notification of the decision can be mailed.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student Rocket Number \_\_\_\_\_

Street Address \_\_\_\_\_

College Enrolled \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

### Section 3

#### Have you attended the course(s) that you are asking for an adjustment?

Yes  No

If you answered "Yes" to the above question, what is the **last date** of attendance? \_\_\_\_\_  
Please include your attendance details in your Personal Written Statement.

### Section 4

#### A Personal Written Statement must accompany this petition.

On a separate sheet of paper please identify **what your extenuating circumstances are** and why consideration should be given to your request. Please provide a detailed explanation of your situation including relevant dates.

You must also indicate **what action** you are requesting.

### Section 5

#### Supporting documentation

Depending on the reason for this request, the **supporting documentation** could include statements from your instructor regarding your attendance, advisor, or college; employer verification on company letterhead; obituary of an immediate family member; Call to Active Duty papers; written statement from a doctor indicating dates and nature of illness for an immediate family member; or other types of documentation to support your request.

You must attach your Written Statement and Supporting Documentation or your petition will be denied.

#### FOR OFFICE OF THE REGISTRAR USE ONLY

**Decision:**  Approved  Denied  Referred to Committee  
 Withdrawn/No action needed  
\_\_\_\_ No extenuating circumstances      \_\_ Past deadline  
\_\_\_\_ No supporting documentation      \_\_ Personal medical injury/illness  
\_\_\_\_ No written statement      \_\_ Other  
\_\_\_\_ Academic issue

**Action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Date: \_\_\_\_\_  
 SPACMNT

#### Petitions must include the following:

- Signed Student Acknowledgement (Page 1 of petition)
- Completed Student Information Sections including attachments (Page 2 of petition):
  - Written Statement (explained in Section 4)
  - Supporting Documentation (explained in Section 5)

**Incomplete petitions will be denied.**