PETITION FOR WITHDRAWAL

RO-14 Rev 20200414

THE UNIVERSITY OF TOLEDO 1872
Office of the Registrar
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

PLEASE PRINT

Rocket ID: **R** _____ Phone: _____

Student Name: _____
Last Name First MI

Year ____ Term ____ 10 = Spring 30 = Summer 40 = Fall

If Summer, please indicate session:
☐ 1 – Full Term ☐ Session 1 ☐ Session 2 ☐ Session 3

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 at the link below or by contacting RSC at 419.530.8700.

http://www.utoledo.edu/offices/registrar/registration_dates.html

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- **Resulting grade of "W" cannot be rescinded.**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

WARNING
Since withdrawn courses reduce your enrolled hours, withdrawing from courses may have an adverse effect on financial aid benefits, scholarships, loan deferments, athletic eligibility, health insurance, veterans benefits, degree requirements, or other areas. If you are uncertain what effect withdrawing from the course(s) listed above will have on your situation, you should contact the appropriate department for guidance before filing this petition.

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 I am requesting to withdraw from the above course(s) and understand that the **resulting grade of "W" cannot be rescinded and, based on the date of withdrawal, my fees may or may not be adjusted as a result of this request**.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