

Request for Academic Withdrawal Guidelines—Graduate Students

If approved, an academic withdrawal would replace all grades in a given term to W. Per Faculty Senate policy, an academic withdrawal is granted only in extraordinary circumstances, and will only be considered for all courses in a given term. Requests must include sufficient, neutral third party documentation which displays that event(s) outside the student's control caused a substantial, negative impact to their academic performance. Qualified events include a personal medical event, medical event for an immediate family member, death of an immediate family member, disability or active military service. Students will not be approved for withdrawal for two or more subsequent terms for a single medical event, unless complications can be proven. Students must consult with their academic advisor to review processes, justification, documentation and impacts of withdrawal. International students in F-1/J-1 visa status must consult with International Student Services (ISS) before requesting a withdrawal.

1. The Request for Academic Withdrawal Form on the subsequent page must be submitted with all fields completed including all required signatures. The director of graduate studies will obtain the signature of your school's assistant or associate dean.
2. Students must submit a signed and dated justification for the request in his or her own words.
3. Required supporting documentation (note that supporting documentation does not guarantee approval):

___ **Student Medical:** Signed, dated and legible statement on original letterhead from a health care professional; must include dates of treatment, dates of onset of medical event, opinion as to student's ability to perform academically during term in question, and signature of health care professional.

___ **Immediate Family Medical:** Signed, dated and legible statement on original letterhead from health care professional; must include dates of treatment, date of onset of medical event, statement pertaining to the impact of family member's medical event on student's ability to do academic work during the term in question, and signature of health care professional.

___ **Immediate Family Death:** Obituary or death certificate and proof of relationship to the deceased; the death must have occurred during the term in question. Immediate family is defined as parent, spouse, sibling, child or primary caregiver (substantiated by a neutral third party*).

___ **Disability:** UB's Accessibility Resources Office must provide an opinion as to the student's ability to perform academic work during the term in question.

___ **Military Orders:** Military orders specifying full-time active duty and dates of deployment in the Armed Forces during the term in question; students enrolled in any branch of a Reserve Unit must show proof of inability to attend classes due to hardship beyond their control due to military assignment or order.

___ **Other:** Extraordinary circumstances not covered by the sections above must be accompanied by a statement from the student's academic advisor and supporting documentation from a neutral third party*.

**Supporting documents will only be considered from a neutral third party, which, for this purpose, is defined as a third party with no financial or personal interest in the issue. Supporting documentation from friends and family will not be considered.*

4. Per Faculty Senate policy, requests for academic withdrawal may only be considered for all courses in a term; requests for individual courses within a term will not be considered. Requests must be submitted within one term of the term in question.

| Term | Deadline for Completed Requests |
|---------------|---|
| Winter/Spring | Friday before the first day of classes following spring term. |
| Summer/Fall | Friday before the first day of classes for following fall term. |

5. Requests for academic withdrawal are reviewed for financial consideration. In rare circumstances, the university will refund tuition and fees. In order to qualify for a financial adjustment, the student must be approved for academic withdrawal and the event must have occurred within the first half of the semester. Requests meeting these requirements are not guaranteed financial adjustment. An academic withdrawal does not absolve a student's financial responsibility for their educational expenses. The student is responsible for payment of charges outstanding after the academic withdrawal is processed.
6. In accordance with federal and state guidelines, an academic withdrawal and adjustment of tuition and fees may reduce a student's financial aid award. As a result, the student may owe a balance to the university. Any amount owed after adjustment of the financial aid awards will be billed to the student. Students receiving financial aid are required to consult with a financial aid advisor before submitting their request.
7. The Academic Withdrawal Committee will only consider completed requests for academic withdrawal. A formal notification of a decision will be emailed to the student's preferred email address on file in the HUB Student Center.
8. Please allow three to four weeks for your completed request for academic withdrawal to be reviewed and a decision made.

Required Signature

With my signature, I certify that I have read and understand the guidelines above:

Student Signature _____ Date _____

Request for Academic Withdrawal Form—Graduate Students

Student Name _____ Email _____

UB Person Number _____ Phone Number _____

Academic Dept. _____ Graduate ____ Professional ____

Email correspondence will only be sent to your preferred email address listed in your HUB Student Center. Withdrawal decision letters will only be emailed to your preferred address on file at the time of the decision. Students are responsible for maintaining current addresses and email addresses.

I am requesting a withdrawal from all courses in the following term:

Summer ____ Fall ____ Winter ____ Spring ____ Year _____

Reason: Student Medical ____ Family Medical ____ Family Death ____ Disability ____ Military Orders ____

Other (please specify) _____

Required Attachments

1. Signed and completed guidelines form (page 2 of this document).
2. Student's signed and dated request and justification in their own words.
3. Supporting documentation as explained in the guidelines.
4. Statement from academic advisor (optional).

Required Student Signature: Requests for academic withdrawal will only be considered if submitted within one term of the event. Requests for academic withdrawal are also reviewed for financial consideration, however, the university rarely refunds tuition and fees. By my signature, I certify that I have read and understand the attached guidelines. I also certify that I have met with all applicable advisors and understand that an academic withdrawal does not absolve my financial responsibility for any educational expenses and that I am responsible for payment of outstanding charges.

____ I am a financial aid recipient (i.e., merit scholarships, TAP, Title IV grants and loans, direct loans, EOP etc.) and have discussed my request for academic withdrawal with a financial aid advisor. I understand the impacts an academic withdrawal will have on my financial aid, and understand that I will remain responsible for any outstanding balances that may result.

____ I am not a financial aid recipient.

____ I am an F-1/J-1 visa holder and have discussed my request for academic withdrawal with an International Student Advisor in International Student Services (iss@buffalo.edu). I understand that an academic withdrawal may impact my immigration status and I understand the actions I must take if I am approved for a withdrawal.

Student Signature _____

Required approvals:

Chair/Director of Grad. Studies _____

Print Name
Signature
Email Address
Date

Assistant / Associate Dean _____

Print Name
Signature
Email Address
Date

Submit completed form to the Graduate School at grad@buffalo.edu.

For Office/Processing Purposes Only:

Academic: Approved ____ Denied ____ Denied Pending ____ Name _____ Signature _____ Date _____

Financial: Approved ____ Denied ____ Denied Pending ____ Name _____ Signature _____ Date _____ Revised 4/28/20