Nicholls State University

Request for Late or Retroactive Drop/Resignation

Administrative Unit: ☐ College of Business Administration ☐ College of Education & Behavioral Sciences ☐ College of Liberal Arts ☐ College of Nursing ☐ College of Sciences & Technology ☐ Academic Services Center

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate   Major_____

Name _____ ID Number _____

Address _____ City _____ State _____ Zip Code _____

Phone number where you can be reached between 8:00 a.m. and 4:30 p.m. (_____) _____-_____

Prior to completing this form, it is recommended that students consult with the Office of Financial Aid to discuss the impact of this action with regard to current and future financial aid awards and eligibility. Students should keep in mind that this is only a request and that approval is not guaranteed. Students remain responsible for fulfilling both course and university requirements during the request process.

Please review the Criteria and Documentation section of this document for the types of events for which this request may be considered and the documentation that must be provided and attached. **Acknowledge your review by initialing here _____.**

Please note that the actions below are taken only when circumstances beyond a student's control prevent the student from completing course drops/resignations by the official deadline as indicated on the university calendar. Select the action being requested by checking the appropriate box below.

☐ **Request to change a course from Credit to Audit.** (A *change to audit* a course is defined as a withdrawal from and a registration as audit into a course or courses in which a student is currently enrolled after the enrollment statistics date for that semester/session.)

☐ **Late drop of course(s)** (A *late drop of course(s)* is defined as withdrawal from a course or courses in which a student is currently enrolled after the close of business on the date specified by the University Academic Calendar as the final date to drop a course or resign from the University, but before the close of business on the official last day of final exams. If requesting that all courses be dropped, please select *late resignation from the University.*)

☐ **Late resignation from the University** (A *late resignation from the University* is defined as withdrawal from all courses in which a student is currently enrolled after the close of business on the date specified by the University Academic Calendar as the final date to drop a course or resign from the university, but before the close of business on the official last day of final exams.)

☐ **Retroactive drop of course(s)** (A *retroactive drop of course(s)* is defined as withdrawal from a course or courses after the close of business on the official last day of final exams. If withdrawing from all courses, please select *retroactive resignation from the University.*)

☐ **Retroactive resignation from the University** (A *retroactive resignation from the University* is defined as withdrawal from all courses after the close of business on the official last day of final exams.)

In the event that your request is approved, list the semester this request is for and the course(s) to be dropped.

Semester _____ Course(s) _____

By signing this document you are declaring that the information provided with regard to this request is true. Should your request be approved, your signature also gives the university permission to perform the actions necessary to process the request which typically includes the changing of each grade assigned to each course listed above to W. Your signature also declares that you have consulted with the Office of Financial Aid and that you understand the impact of this action.

_____   _____   _____
Student's Nicholls E-mail Address   Signature of Student   Date

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For office use only

☐ **Request approved based on the following event**
   ☐ Illness/injury
   ☐ Death of immediate family member
   ☐ National defense
   ☐ Mandatory job transfer
   ☐ Natural disaster
   ☐ Other _____

☐ **Request denied for the following reason(s)**
   ☐ Insufficient documentation
   ☐ Insufficient narrative
   ☐ Documentation does not support student's narrative
   ☐ Invalid reason for request
   ☐ Other _____

Comments: _____

_____
Signature of Dean   Date

Please send the original form and the student's narrative to the Office of Records and Registration. Copies of each should be filed in the Dean's office.

Records Office Use Only: Data Entered By: _____   Date: _____

Criteria and Documentation Required for Filing a Request for Late or Retroactive Drop/Resignation

For your request to be considered you must attach to this document a brief, *typed* narrative addressed to the Dean of your academic College, which includes the following:

- Your name as it appears on official University records
- Your Nicholls ID number
- A contact phone number
- Your signature and date

The following events may qualify as acceptable reasons for missing the official drop/resignation date. Your narrative must explain how the event prevented the timely submission of drop/resignation forms. In addition to your narrative, please include appropriate documentation as indicated below. All documentation should support claims and timeframes indicated in your narrative.

Illness/Injury: Defined as extended periods of physical illness/injury or mental illness (including hospitalization) of the student or the student's immediate family member who is dependent upon the student for support. The illness/injury must be documented by a physician's statement or other medical support on official letterhead.

Death of an immediate family member: "Immediate family" is defined as parents, spouse, children, brother, or sister either by blood or marriage. Documentation includes a copy of the family member's death certificate, obituary, or a letter from the attending clergy.

National Defense: Defined as involuntary military deployment. Supporting documentation includes a copy of military orders or a letter from the commanding officer.

Mandatory Job Transfer: Defined as an involuntary transfer for job related purposes to a locale which makes attending the University or completing courses unreasonable. The mandatory job transfer must be documented by the employer on official letterhead.

Natural Disaster: Defined as a natural event that causes undue hardships on the student which impacts the ability to attend classes. Any documentation that provides evidence of the natural disaster must be provided.

Other: Defined as some traumatic event not listed above that occurs which is beyond the student's control impacting the ability to attend classes. Any documentation that provides evidence of the event must be provided.

All documentation should be attached to this form and submitted to the Dean of your academic college. All documentation and evidence provided by the student will remain on file in the Dean's office. College locations and phone numbers are listed below.

Administrative Unit	Location	Telephone Number	Fax Number
College of Business Administration	106 White Hall	(985) 448-4172	
College of Education & Behavioral Sciences	220 Hill Hall	(985) 448-4326	
College of Liberal Arts	127 Peltier Hall	(985) 448-4388	
College of Nursing	172 Betsy C. Ayo Hall	(985) 448-4686	(985) 448-4923
College of Sciences & Technology	149 Kilgen Hall	(985) 448-4386	(985) 448-4927
Academic Services Center	234 Elkins Hall	(985) 448-4117	

Unacceptable Reasons for Requesting Retroactive Drops/Resignations.
Your request WILL NOT be approved for:

- Personal errors in judgment or irresponsibility involving transportation, academic ability, time management, etc.
- Misinterpretation of University policies and procedures as published in the University Catalog, the University Academic Calendar, and other University publications.
- Lack of knowledge of University policies and procedures in the University Catalog and other applicable University publications.
- Non-attendance or minimal attendance of class.
- Voluntary acceptance of employment or other activity impacting ability to attend class.

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