

GENERAL INFORMATION ABOUT RETROACTIVE WITHDRAWALS

The attached form is to be used to notify the College that you wish to submit a petition for a Retroactive Term Withdrawal for a semester/term that does not exceed a 12-month period. Signed forms should be sent to the Student Services & Administration Office to initiate this process.

Retroactive Withdrawal: A retroactive withdrawal is withdrawal from all classes from a previous semester or present semester in which the withdrawal deadline has passed. Students have up to one year to complete the request for a retroactive withdrawal. Withdrawals from all courses **does** result in tuition charges as noted in the Florida A& M University College of Law Student Handbook.

Retroactive Withdrawal Student Process: Students can retrieve the Retroactive Withdrawal form online at the college of law website. Fill out all information, obtain the required signatures, **provide your written justification** and submit all applicable documents with the signed retroactive withdrawal form to the Student Services and Administration Office at the College of Law.

Special Note Regarding Retroactive Withdrawal Request related to COVID-19

The COVID-19 Pandemic has been/is unprecedented and has challenged our entire society in numerous ways. Students who dealt with unforeseen circumstances such as severe health problems, family emergencies, and financial difficulties and are requesting a full-term withdrawal remain eligible to use this process as long as they submit a thorough personal statement and supporting documentation. Citing stressors from the pandemic with no documentation and changes in class format will not be acceptable stand-alone reasons for petitioning.

Retroactive Withdrawal College of Law Process: Upon receipt of completed packet the information is sent forward to the College of Law Retroactive Withdrawal Committee. Retroactive Withdrawal requests are reviewed by the college of law committee members who vote to approve or deny the request. The committee's decision is based on (1) written justification, (2) supporting documentation, (3) your academic record, and (4) the number of previous appeals granted. It is critical that your written justification demonstrates a highly unusual set of facts outside of your immediate control, and the request for retroactive withdrawal must be a direct result of those extraordinary circumstances. The committee will not approve requests that are justified due to (a) poor time management, (b) poor decision making, or (c) poor planning. Also, courses that have been adjudicated or are under review for academic honor policy violations are not eligible for retroactive actions.

Notification: Students will receive a letter via their FAMU email or regular mail at the address listed with the College of Law Registrar's Office regarding the Committee's decision. The decision of the committee is final as noted in the University Retroactive Withdrawal Guidelines.

Withdrawals does not extend the allotted period for obtaining the Juris Doctor Degree.

FLORIDA A&M UNIVERSITY

Retroactive Withdrawals Guidelines

A retroactive withdrawal is withdrawal from all classes from a previous semester or present semester in which the withdrawal deadline has passed. Students have up to one year to complete the request for a retroactive withdrawal.

Approved retroactive withdrawal petitions must meet one of the following criteria: medical, legal, military service, death, and university error reasons. There are no exceptions.

A. Medical:

- i. The student has a physical illness in which the student is unable to attend class for a minimum of two weeks as indicated by a physician.
- ii. In order for the petition to be approved, the university medical form must be completed by the treating physician consistent with the above. (*Candidate for refund*).
- iii. Student must serve as the sole caregiver for an immediate family member who requires around-the-clock care as indicated by a letter from a physician.
- iv. In order for the petition to be approved, the university medical form must be completed by the treating physician consistent with the above. An immediate family member is defined as a parent, sibling, spouse, offspring or grandparent. (*Candidate for refund*).
- v. Psychological or psychiatric distress as indicated by a letter from a psychologist or a psychiatrist stating that the student's emotional functioning prohibited the student from attending class for at least two weeks.
- vi. In order for the petition to be approved, the university medical form must be completed by the treating physician or psychologist consistent with the above. (*Candidate for refund*).

Note: Please do not send your medical records to the Registrar's office

B. Legal:

- i. The student was incarcerated or was in a trial for his or her defense for at least a two-week duration.
- ii. The student served on a jury for at least two weeks.
- iii. The student was a victim of a crime in which he or she was directly threatened or harmed and experienced severe distress as indicated by a police officer, psychologist or psychiatrist. (*Candidate for refund*).
- iv. Sudden change in circumstances as the sole caregiver for an immediate family member who requires around-the-clock care, and no other care is available as indicated by legal documents.
- v. An immediate family member is defined as a parent, sibling, spouse, offspring or grandparent.
- vi. The student must provide legal documentation for the circumstances upon which the petition is based.

FLORIDA A&M UNIVERSITY

Retroactive Withdrawals Guidelines

C. Military Service:

Students who serve in any branch of the United States military and are called to active duty may be granted a withdrawal.

D. Death:

Students may withdraw from a semester if the death of an immediate family member occurs during the specific semester in which the withdrawal is requested.

- i. An immediate family member is defined as a parent, sibling, spouse, offspring or grandparent.
- ii. A death certificate and documentation (e.g., funeral program) with evidence of the family relationship are required.

E. University Error:

A withdrawal may be approved if there is substantial evidence to prove that the university made an error in the registration process.

F. Decision: The Retroactive Withdrawal Committee decision is final.



FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

College of Law Registrar's Office | 201 Beggs Avenue | Orlando, Florida 32801

Email: RegistrarCOL@famtu.edu

Fax: (407) 254-3221

Phone: 407-254-3279/3287

RETROACTIVE TERM WITHDRAWAL FORM

Instructions: This form is to be used **ONLY** if you are withdrawing from **ALL** your classes for a prior semester/term or if the published withdrawal deadline for the current semester/term has lapsed. Retroactive Term Withdrawal is for documented emergency circumstance beyond the student's control. There is no refund of fees for withdrawn courses and a grade of "W" will appear on student's transcript.

STUDENT INFORMATION

Student Last Name		Student First Name	
Student ID Number		Student Phone	
No. of Credits Completed		FA Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No	VA Benefits Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Address:			
City and State:		Zip Code:	
Student FAMU Email Address:			

RETROACTIVE WITHDRAWAL INFORMATION

Term (Check One): Fall Spring Summer **Year:** _____
The requested term must not be more than 12 months old

Last date of attendance: Month _____ Date _____ Year _____

Medical (complete and include supplemental medical form on next page)

Military (include military orders)

Personal (include pertinent supporting documentation)

STUDENT'S ACKNOWLEDGEMENT

I understand that Federal Regulation require this office to inform all appropriate University departments and Veteran Affairs of your intent to withdraw from this institution. This action could affect your current and future federal financial aid award(s). **I also understand that by signing below I am liable for ALL FEES incurred to date.**

Student's Signature _____ Date _____

REQUIRED SIGNATURES

(signatures below can only be obtained after meeting with the designated representative)

Associate Director for Student Financial Aid _____ Date _____

Associate Dean for Student Services & Administration _____ Date _____

COLLEGE OF LAW REGISTRAR'S USE ONLY

Retroactive withdrawal request status: Committee Approved Committee Denied



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RETROACTIVE WITHDRAWAL MEDICAL FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ Student No. _____

Dates Unable to Attend Classes From: mm/dd/yyyy To: mm/dd/yyyy

Student's Signature: _____ Date: _____

**SUBMIT ORIGINAL FORM: TO BE COMPLETED BY THE APPROPRIATE OFFICIAL ONLY
Licensed Physician, Therapist, Judge, Attorney or Clerk of Court**

The student is authorizing the appropriate person to release the information requested to Florida A&M University College of Law for the purpose of seeking a withdrawal from the University College of Law. This information will be used to determine if the student qualifies for a withdrawal. **All sections that apply must be completed by the appropriate official.** If not completed, the withdrawal process will be delayed. This office appreciates your cooperation.

In your own opinion, could the student attend class during the relevant period? Yes No

If "No", please specify the dates the student was unable to attend class(es) and **ATTACH AN OFFICIAL LETTER OF YOUR OFFICIAL STATIONERY** briefly describing the student's condition. Dates: _____ to _____

IMMEDIATE FAMILY MEMBER'S ILLNESS

Is the student providing sole around the clock care to his/her immediate family member? Yes No

What is the student's relationship to this family member? _____

What is the duration of extensive cared needed? From: mm/dd/yyyy To: mm/dd/yyyy

Official's Name: _____ Title: _____ Licensed State: _____

Address:

Email:

Phone: ()

AUTHORIZED SIGNATURE OF APPROPRIATE OFFICIAL

Signature of appropriate official
(Original Signature ONLY-Use of Stamp not accepted)

Printed Name

Date