

**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.

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- vi. The student must provide legal documentation for the circumstances upon which the petition is based.

**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 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.

**Procedure:**

Students are required to request for a retroactive withdrawal by completing the Retroactive Withdrawal package found at the Registrar website

<http://www.famu.edu/index.cfm?Registrar&Forms>

Students may include a personal letter of explanation (optional) when submitting a completed package.

**Notification:**

- i. Students will be notified of the outcome of their petition in writing at the email address listed with the Registrar's Office. Students who desire verbal notification or have questions about the outcome of their petition may contact the Registrar's Office at [registrardocs@famu.edu](mailto:registrardocs@famu.edu)
- ii. If the retroactive withdrawal petition is stamped "No action/Pending" this indicates that more information is required before the committee can make a decision. All requested information from the committee must be returned within 90 (ninety) days. If the information is not returned within this time period, the petition may be denied.

**Possible Refund:**

Students who are interested in applying for a refund are encouraged to complete the "Tuition Refund Request" form located on our Student Financial Services website under forms.

Click on this link: <https://www.famu.edu/students/student-financial-services/index.php>

# FLORIDA **A&M** UNIVERSITY

## REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 – Tallahassee, FL 32307  
Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### Retroactive Term Withdrawal Form

This form is to be used ***ONLY*** if you are withdrawing from ***ALL*** of your classes for a prior term  
(The requested term cannot be more than 12 months old)

**NOTE:** Federal regulations require this office to inform all appropriate University departments of your intent to withdraw from this institution. This action could affect your current and future federal financial aid award(s).

#### PERSONAL INFORMATION (Please Type Text before Printing)

Last Name  First Name  Middle Initial

Student I.D.  Preferred E-mail

**Please Do Not Enter Social Security #**

#### Retroactive Term:

(Not for Current Term)

Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer (A, B, C) \_\_\_\_\_  
Year Year Circle Session(s) Year

**LAST DATE OF ATTENDANCE** \_\_\_\_\_ (Month, Date, Year)

#### WITHDRAWAL INFORMATION

**Reason for Withdrawal: (Proper documentation must accompany this form)**

- Death** (Attach funeral program & death certificate)  **Judicial** (Complete Second Form)  
 **Medical** (Complete Second Form)  **Military** (Attach Military Orders)

\_\_\_\_\_  
Student's Signature Date

**I understand that I am liable for ALL FEES incurred.**

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Chairperson's Signature Date

\_\_\_\_\_  
Dean's Signature Date

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Last Name  First Name  Student ID

Unable to Attend Classes From: \_\_\_\_\_ To: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

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

The student is authorizing the appropriate person to release the information requested to the University for the purpose of seeking a withdrawal from the University. This information will be used to determine if the student qualifies for a withdrawal. All sections 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 and **ATTACH AN OFFICIAL LETTER ON YOUR OFFICIAL STATIONERY** briefly describing the student's condition. \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**IMMEDIATE FAMILY MEMBER/STUDENT'S ILLNESS**

Is the student providing sole round the clock care to his/her immediate family member?  YES  NO

What is the student's relationship to this family member? \_\_\_\_\_ Student

What is the duration of extensive care needed? From: \_\_\_\_\_ To: \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

Official's Name  Title  License# & State

Address  E-mail   
Phone (  )

**AUTHORIZED SIGNATURE OF APPROPRIATE OFFICIAL**

\_\_\_\_\_  
Signature of appropriate official  
(*Original Signature ONLY – Do Not Use Stamp*)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date