



APPEAL FOR SELECTIVE LATE WITHDRAWAL

TOWSON UNIVERSITY
Office of the Registrar/Academic Standards Committee
8000 York Road
Towson, Maryland 21252-0001
Phone: 410-704-4351 Fax: 410-704-6393

This form is to be used by Undergraduate students only.
Please return completed form to the Office of the Registrar, Enrollment Services Center, Room 288.

Section 1: (Student completes)

TU Student ID: _____

Full Name: _____
Last First M. I.

Address: _____
Street City State Zip code

Phone: _____ **TU E-Mail Address:** _____

Work/Cell Phone: _____ **Social Security #:** _____

Semester for selective withdrawal: **Fall** _____ **Spring** _____

Documentation must be provided for all categories:

Health/Medical **Personal/Family** **Military** **Other** _____

Courses to be considered for withdrawal

- 1. _____ 3. _____
- 2. _____ 4. _____

Reason for request: _____

Credits Remaining: _____

Student's Signature: _____ **Date:** _____

Section 2: (Administrators Complete)

Academic Standards Action: **Request Approved** **Request Denied**

Comments: _____

Authorization: _____ **Date:** _____