



Registrar's Office
 501 Crescent Street
 New Haven, CT 06515-1355
 Phone: 203-392-5301
 Fax: 203-392-7144
 Email: Registrar@SouthernCT.edu
 Web: OneStop.SouthernCT.edu

Appeal of University Withdrawal or Leave of Absence

Students may file this appeal with the Registrar's Office to request a review of their Leave of Absence or University Withdrawal, within 30 days following the end of the semester under appeal. The decision issued by the committee is final, and there is no further campus review or appeal. Appeals will generally be reviewed within 3-4 weeks, and a response will be sent to the students University email or the mailing address on file.

The appeal process exists to assist students who can present information regarding unforeseen personal circumstances beyond their control that may have impacted their ability to remain in attendance at the University. **The committee will thoroughly review individual files, time-lines, and the governing state/federal policies to determine the withdrawal date that most accurately reflects when a student ceased academic attendance due to extenuating circumstances.** The appeal process also exists for students serving in the United States Armed Forces, including the National Guard or Reserve, who have been called or ordered to active duty for a period of more than 30 consecutive days.

Submitting this request does not change any current academic or financial responsibilities. Any reduction to charges authorized by the University President, or designee, will be calculated after any grant or scholarship aid that has been applied to your tuition and fees. Financial Aid recipients should contact the [Office of Financial Aid & Scholarships](#), as a change to your withdrawal may also reduce financial aid awards, which could result in the student owing funds to the University and/or government.

Student ID: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Semester/Year: _____

Directions:

Complete and submit this application. Include a narrative statement that states the relevant University policy, the extenuating circumstances that prevented you from adhering to the policy, and the resolution or exception sought. Students are encouraged to submit supporting documentation to substantiate their circumstances.

Student Signature: _____ **Date:** _____

Note: Students may create a digital ID using their SCSU email by clicking the signature block above, or the form may be accepted as an attachment from their SCSU email without a signature.

Institutional Decision - (Office Use Only)

Revised Withdrawal Date: _____ No Change

Refund of Tuition and Fees: 100% 90% 60% 40% 0% No Change

**Housing charges will be prorated based on expenses already incurred for 100% approved refunds, and otherwise, will follow the approved refund amount above. Regardless of any refund approved, meal plans will be prorated based on expenses already incurred.*

Dean of Students: _____ **Date:** _____

President/Designee: _____ **Date:** _____