



Registrar's Office
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Appeal Form (following University Withdrawal or Leave of Absence)

The appeal process allows students, who have experienced extraordinary circumstances, to request an adjustment to their withdrawal date and/or billed charges by submitting documentation to support the circumstance(s) that caused the student to stop attending their course(s). Submitting this appeal does not change any current academic or financial responsibilities. Billed charges and financial aid may be adjusted based on your revised effective date of withdrawal. Housing charges will be prorated based on expenses already incurred for 100% approved refunds, and otherwise, will follow the approved refund amount. Regardless of any refund approved, meal plans will be prorated based on expenses already incurred.

Instructions: Review the [Extraordinary Circumstances information](#) to determine if you are eligible to file an appeal. If eligible, submit this form, statement, and any supporting documentation no later than 30 days following the end of the semester under appeal to the Registrar's Office in the Wintergreen Building or to the email listed above. The appeal will be forwarded to the committee to review the appeal within 30 days of receipt and a decision will be issued to your campus email. The decision issued by the committee is final.

STUDENT INFORMATION

Student ID: _____
Name: _____
Phone: _____
Campus Email: _____
Semester and Year: _____
Last Date of Attendance: _____
Receiving Veteran (VA) Benefits: Yes No

STATEMENT

Be sure your narrative statement outlines the extraordinary circumstance(s), and the time line associated with these events, that prevented you from successfully completing the course(s).

Continue on page 2 with your narrative statement and required signature.

STATEMENT Continued

Student Signature: _____ **Date:** _____

Note: Click the signature box above to sign digitally or you may submit the form from your campus email without a signature.

APPEAL DECISION – For Office Use Only

Revised Withdrawal Date: _____ or No Change

Revised Refund Percent: _____ or No Change

Dean of Students Signature: _____ Date: _____

President/Designee Signature: _____ Date: _____