

Retroactive Course Drop Petition

Students with extenuating circumstances that made it impossible to drop a course by the established deadlines (100% refund deadline, 50% refund deadline or last day to drop deadline) may submit a Retroactive Drop Petition and all required documentation to request a retroactive drop exception to the College policy. Petitions can be submitted up to **eighteen (18) months** from the end of the term for which a retroactive course drop is being sought unless the student also is seeking financial consideration in which case the initial petition must be submitted within **three (3) months** of the end of the term. Retroactive course drop petitions submitted after these timelines will not be considered.

If you received financial aid or other benefits, please confirm if you have discussed the financial consequences with a financial aid advisor: **YES** **NO**

Student Name:

Cougar ID #:

Select the term and year for which you are requesting a retroactive drop (one form per term):

TERM	YEAR	Please list the date(s) of the extenuating circumstance:
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List Course Name and Number for which the drop is being requested (please print clearly):

ALL items must be complete and submitted with this petition form as one package to be considered:

Personal statement explaining the extenuating circumstances, including dates and other relevant information about how those circumstances prohibited the student from dropping the course(s) by established deadlines. If the circumstances surrounding this petition are/were traumatic and you feel writing about them will cause distress, please provide as much information as possible without details that would cause revisiting the traumatic event. If you need a referral to counseling or other resources, please contact Counseling Services at 614-287-2818 or counselingservices@cscce.edu.

Official supporting third party documentation. Examples of possible documentation include:

- Physician, hospital, or Advocate statement verifying personal statement
- Obituary of a member of your immediate family such as parent, sibling, grandparent, stating your relationship to the deceased
- Copy of official orders for military active duty assignment
- Letter from administrator, faculty member, or staff member verifying college error

Submit this completed form and **ALL** required documents as one package to retrodrop@cscce.edu or in person to Student Central on the Columbus campus or Student Services at the Delaware campus. If you have questions please email or call 614-287-5353.

Certification

I understand if any courses for which a Retroactive Drop is approved, a grade of "W" will replace the previously assigned grade and my cumulative Grade Point Average will be recalculated.

If a tuition adjustment occurs, the course(s) above will be treated as if it were never attempted. The course(s) will be removed from my academic transcript, tuition will be refunded, and financial aid will be recalculated (financial aid I received for the course(s) will be reversed and returned to the source). This may create a balance that I will owe and agree to pay to Columbus State. By my signature below, I acknowledge that I am responsible for payment of any monies owed to the funding source and all information reported is complete and correct.

Student Signature (required)

Date