



## Undergraduate Student Withdrawal Date Appeal Form

In extraordinary circumstances, when a student is unable to attend classes due to a serious accident or illness, and is unable to notify the University in a timely fashion, a Withdrawal Date Appeal Form may be submitted to the Registrar's Office for consideration.

**Complete the form below, scan and email to: [registrar@miami.edu](mailto:registrar@miami.edu) or print and mail to:**

University of Miami  
Office of the Registrar – Withdrawal Date Appeal  
P.O. Box 248026  
Coral Gables, FL 33124-6914

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ C# \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Semester of Appeal (Term/Year) \_\_\_\_\_ / 20 \_\_\_\_\_

**Appeal Process:**

1. First, initiate an official withdrawal request for the semester in question, through the 'Cane Success Center, by following the withdrawal process outlined at: [www.miami.edu/withdrawal](http://www.miami.edu/withdrawal)
2. Complete this form and submit it to the Office of the University Registrar, listed above
3. Attach a personal statement that includes an explanation of the circumstances that interfered with your ability to withdraw in a timely fashion.
  - a) Appeals should be written by the student and fully explain the student's experience.
  - b) IF the student is incapable of submitting an appeal on their own behalf, please contact the Office of the Registrar for further assistance at (305) 284-2294.
4. Include support documentation to corroborate the circumstances referenced in your appeal.
  - a) Any testimony related to the events surrounding your appeal should be from people directly involved in the event and/or subsequent recovery (do not include support letters from family or friends).
  - b) All documentation, medical or other relevant documentation, must be provided at the time of the appeal.
  - c) When submitting medical documentation:
    - i. only submit documents from the doctor or medical facility that are directly related to the injury or diagnosis or recovery;
    - ii. documentation must be from a certified health care provider and submitted in English. If necessary, provide an English translation
    - iii. do not submit insurance documents, prescriptions, or prescription pad notes.

**Appeal Guidelines:**

- The Appeal Form must be submitted within 30 calendar days from the date of withdrawal from the University or, if the appeal is being submitted for a prior semester, it must be submitted within 30 calendar days of the last day of the end of the semester in question.
- Only one term may be appealed for a particular incident.

*I attest that the information and documentation provided is true and accurate to the best of my knowledge and I understand that any falsification or misrepresentation of the facts will result in an appeal denial.*

*Student Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

- Withdrawal Date Appeals are for institutional purposes only; unless noted in the appeal decision letter, dates reported to student loan providers, for purposes of calculating a student's grace period and interest rate for repayment, will not change.
- A decision will be sent electronically to the email address provided on the Appeal Form.
- All appeals are final.

*For Office Use Only:*

Decision: \_\_\_\_\_

Notification Date of Withdrawal (Required) \_\_\_\_/\_\_\_\_/\_\_\_\_

Effective Withdrawal Date \_\_\_\_/\_\_\_\_/\_\_\_\_