

Submit form to: [registrar@ksu.edu](mailto:registrar@ksu.edu)  
 Office of the Registrar  
 118 Anderson Hall - 919 Mid-Campus Drive North  
 Manhattan, KS 66506

[polytechnicregistrar@ksu.edu](mailto:polytechnicregistrar@ksu.edu)  
 Polytechnic Registrar's Office  
 2310 Centennial Rd  
 Salina, KS 67401

**NOTE:**

- Appeals filed after the semester's end are unlikely to be granted unless extenuating circumstances beyond the student's control prevented the student from meeting relevant registration and appeal deadlines.
- Appeals filed after a degree has been awarded will not be considered.
- An approved late drop or withdrawal does not automatically mean a refund will be approved. Refunds cannot be made for classes in which the student is still enrolled and any prior requests for refunds of tuition and fees are considered when determining approval or denial of a request.

Once the form is complete including **ALL SIGNATURES (pg. 3 - 5)** and necessary supporting evidence the Office of the Registrar will log the receipt of the appeal and prepare it to go on the agenda of the next available meeting.

- Students will be notified via e-mail within fifteen (15) business days (excluding weekends, holidays, and university Closures) that their appeal has been received and which meeting the appeal is scheduled to be considered.
- When all documentation is received, the Committee will aim to consider the appeal and issue a decision within thirty (30) to forty-five (45) business days (excluding weekends, holidays, and university Closures).

|   |  |
|---|--|
| <b>Student Information</b>  |  |
| Last Name, First Name, MI   | WID (found in the upper left corner of your ID card) |
| K-State Email:  | Phone:   |
| <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer    _____ year | College/Major:                                       |

**Submission of this appeal assumes all documents are complete and included.** If you have or are currently receiving any Financial Aid (e.g., scholarships, grants, student loans, etc.) you are highly encouraged to contact the [Office of Student Financial Assistance](#) first to determine what if any financial implication may be related to this appeal. My signature below acknowledges my understanding that the decision regarding this appeal is determined by the committee.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that falsified information can result in financial obligation, and dismissal from, the University and that making a false writing is a felony under Kansas Law ([K.S.A. 21-5824](#)). I also understand that information from my university educational records will be considered as part of this verification." with student date and signature. Removing the requirement of signature in presence of notary and signature of notary.

I am receiving Financial Aid (e.g., Grants, Loans, Scholarships):  Yes     No

*I have discussed the impact of a drop/withdrawal on my Financial Aid with my [Financial Aid Advisor](#)*

I am an International Students (e.g., F-1, J-1):  Yes     No

*I have discussed the impact of a drop/withdrawal on my immigration status with International Student and Scholar Services*

I am a NCAA Division I Student Athlete:  Yes     No

*I have discussed the impact of a drop/withdrawal on my NCAA Division I eligibility status with K-State Athletics*

I am a Veteran Benefits Eligible Student:  Yes     No

*I have discussed the impact of a drop/withdrawal on my Veteran Educational Benefits eligibility*

|                           |  |
|---------------------------|--|
|                           |  |
| Last Name, First Name, MI | WID (found in the upper left corner of your ID card) |

**Action Requested**

Action(s): Definition of Drop/Withdrawal  
 Late Course Drop: course(s) is removed from the Official Transcript  
 Late Course Withdrawal: "W" appears on the Official Transcript

This is an appeal for a Full University (ALL classes for the designated term): \_\_\_\_\_ Drop \_\_\_\_\_ Withdrawal  
 OR

I am requesting to \_\_\_\_\_ Drop or \_\_\_\_\_ Withdraw from the individual courses listed below

|   | Course Prefix<br><i>(i.e. MATH)</i> | Course Number<br><i>(i.e. 100)</i> | Class Number<br><i>(i.e. 12345)</i> | Did Student Attend the Class                             | Last Date of Attendance<br><i>Confirmed by Instructor</i> | Instructor Signature or Department Head if Instructor Not Available |
|---|-------------------------------------|------------------------------------|-------------------------------------|--|---|---|
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |
| <input type="checkbox"/> Drop <input type="checkbox"/> WD |                                     |                                    |                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |   |

**Reason for Appeal**

*State the extraordinary/extenuating circumstances that caused you to miss the drop or withdrawal deadline for the course(s) listed. Extenuating circumstances are something beyond the student's control that prevented you from meeting the registration or appeal deadline(s) – (e.g., medical condition, death of an immediate family member, accident, advisor error, etc.). Submission of all requested materials and documentation is not a guarantee that the appeal will be approved. Guidance on Letters of Appeal may be found at <https://www.k-state.edu/registrar/students/withdrawals/appealtrs/index.html>*



**MILITARY DEPLOYMENT**

Documentation is attached or has been provided showing required discontinuance of attendance for the course(s) listed. Discontinuance of attendance was as a result of orders to active military duty arising from the need for a long-term TDY or emergency military deployment.

YES \_\_\_ NO \_\_\_

*Have you worked with any of the offices below in regards to your Military Deployment?*

Office of Student Life: YES \_\_\_ NO \_\_\_

Office of Veteran Affairs: YES \_\_\_ NO \_\_\_

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

\_\_\_ I support this appeal \_\_\_ I do not support this appeal \_\_\_ I have no opinion on this appeal

**Explanation/Additional Comments:** Attach appropriate documentation and additional pages as necessary.

**Student Support Representative:** \_\_\_\_\_  
(printed)

**Student Support Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*\*If any of the Offices listed above deems this appeal meets the requirements for a Late Drop/Withdrawal due to Military Deployment they will process accordingly and move this form directly to the Office of the Registrar for processing. The additional signatures and review by the Academic Advisor and Associate Dean **are not required** to complete but those areas will be notified of an approved drop/withdrawal.*

**OTHER CIRCUMSTANCES:**

State how the extraordinary or extenuating circumstances changed or arose AFTER the deadline. If this appeal is for courses not in a current term or if not for ALL courses in the term explain the circumstances that affect the prior term request or why it only affects the course(s) requested.

**Explanation/Additional Comments:** Attach appropriate documentation and additional pages as necessary.

**Required Review/Signatures:**

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

\_\_\_\_\_ I support this appeal    \_\_\_\_\_ I do not support this appeal    \_\_\_\_\_ I have no opinion on this appeal

**Explanation/Additional Comments:** Attach appropriate documentation and additional pages as necessary.

**Academic Advisor Name:** \_\_\_\_\_  
(printed)

**Academic Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Based on the evidence/reason for the request provided, provide your opinion about the preferred outcome of this appeal.

\_\_\_\_\_ I support this appeal    \_\_\_\_\_ I do not support this appeal    \_\_\_\_\_ I have no opinion on this appeal

**Explanation/Additional Comments:** Attach appropriate documentation and additional pages as necessary.

**Associate/Assistant Dean Name:** \_\_\_\_\_  
(printed)

**Associate/Assistant Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DECISION REGARDING APPEAL:**

Date request reviewed in the Office of the Registrar:

*If applicable: Decision of Registrar (via permission from the University Late Drop/Withdrawal Committee)*

**Action:**  Approved  Forwarded to University Late Drop/Withdrawal Committee for decision

**Registrar/Registrar Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Date request reviewed by the University Late Drop/Withdrawal Committee:

*The decision of the University Late/Drop Withdrawal Committee for approval or denial is final.*

**Action:**  
 Approve  Denied

**Chair/Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: