

Academic Term Withdrawal from University Coursework—Graduate Students

An academic term withdrawal is a formal process available to students who have a documentable extenuating circumstance or unexpected event outside of their control which substantially impacts their ability to perform academically in a term. Events might include, but are not limited to, a significant medical issue, the death of an immediate/chosen family member, or active military service.

- Academic term withdrawal requests are considered for **all** registered courses and credits in a term, not just select courses. If approved, all registered courses for the term will be graded with a “W.”
- International students must consult with ISS to confirm any impacts of an academic term withdrawal (or resigns) on their immigration status.

Deadlines: Requests must be submitted within one term of the event.

Term	Deadline for Completed Requests
Winter/Spring	Friday before the first day of classes following spring term.
Summer/Fall	Friday before the first day of classes for following fall term.

Academic Term Withdrawal request guidelines:

1. **Talk with your advisor** and/or director of graduate studies about your situation to determine whether an academic term withdrawal request is the appropriate course of action given your circumstances (or whether resigns or incompletes are better options).
2. **Prepare your written, signed and dated statement** briefly explaining in your own words the reason for your request, the extenuating circumstances, time frame/specific dates, and the impact on your ability to perform academically.
3. **Gather the required supporting documentation.** (Note: provision of supporting documentation does not guarantee approval your request).

_____ **Student Medical:** Signed, dated and legible statement on letterhead from a health care professional; must include dates of treatment, dates of onset of medical event, professional opinion as to student’s ability to perform academically during the term in question, and signature of the health care professional.

_____ **Immediate/Chosen Family Medical:** Signed, dated and legible statement on letterhead from health care professional; must include dates of treatment, date of onset of medical event, statement pertaining to the impact of family member’s medical event on student’s ability to do academic work during the term in question, and signature of health care professional. Immediate family is defined as parent, spouse, sibling, child, or primary caregiver. Chosen family is defined as an individual with whom the student has such a close relationship that the individual is equivalent to family, even absent a blood or legal relationship. Relationships must be substantiated by a neutral third party.

_____ **Immediate/Chosen Family Death:** Obituary or death certificate and proof of relationship to the deceased; the death must have occurred during the term in question. Immediate family is defined as parent, spouse, sibling, child, or primary caregiver. Chosen family is defined as an individual with whom the student has such a close relationship that the individual is equivalent to family, even absent a blood or legal relationship. Relationships must be substantiated by a neutral third party.

_____ **Disability:** A signed and dated statement from UB’s Accessibility Resources Office, substantiating the event or circumstances, and including their opinion as to the student’s ability to perform academic work during the term.

_____ **Military Orders:** Military orders specifying full-time active duty and dates of deployment in the Armed Forces during the term. Students enrolled in any branch of a Reserve Unit must show proof of inability to attend classes due to hardship beyond their control because of a military assignment or order.

_____ **Other:** Extraordinary circumstances not covered by the sections above must be accompanied by a statement from the student's academic advisor and supporting documentation from a neutral third party.

Neutral third party, for this purpose, is defined as a person with no financial or personal interest in the issue. Supporting documentation from friends and family will not be considered.

4. **Financial Impact:** Academic term withdrawal requests are reviewed for financial adjustments. In rare circumstances, the university will refund tuition and fees. To qualify for a financial adjustment, the student must be approved for academic term withdrawal and the event must have occurred within the first half of the term. Requests meeting these requirements are not guaranteed financial adjustment. An academic term withdrawal does not absolve a student's responsibility for their educational expenses. The student is responsible for payment of charges outstanding after the academic term withdrawal is processed.
5. **Financial Aid Impacts:** In accordance with federal and state guidelines, an academic term withdrawal and adjustment of tuition and fees may reduce a student's financial aid award. As a result, the student may owe a balance to the university. Any amount owed after adjustment of the financial aid awards will be billed to the student. Students receiving financial aid are required to consult with a financial aid advisor before submitting their request.
6. **Complete and sign the Academic Term Withdrawal Request Form.** Obtain approval signature from your advisor/director of graduate studies; ask them to route your form, personal statement and documentation to your school's assistant or associate dean.
7. Please allow two to three weeks for review after receipt of your complete request. Notification of the committee's decision will be emailed to your UB email address.

Required Signature

With my signature, I certify that I have read and understand the guidelines above:

Student Signature _____ Date _____

**Academic Term Withdrawal from University Coursework
Graduate Students—Request Form**

Student Name _____ Email _____

UB Person Number _____ Phone Number _____

Academic Dept. _____ Program _____

I am requesting a withdrawal from all courses in the following term:

Summer ____ Fall ____ Winter ____ Spring ____ Year _____

Reason: Student Medical ____ Family Medical ____ Family Death ____ Disability ____ Military Orders ____

Other (please specify) _____

Required Attachments

1. Signed and completed guidelines form (page 2 of this document).
2. My signed, dated request and justification in my own words.
3. Supporting documentation as explained in the guidelines.
4. Statement from academic advisor (required for reason of "Other").

Required Student Signature: I understand that my academic term withdrawal request will be considered only if submitted within one term of the event. I understand that requests are also reviewed for financial adjustments, but that the university rarely refunds tuition and fees. By my signature below, I confirm that I have met with all applicable advisors and understand that an approved academic term withdrawal does not absolve my monetary responsibility for any educational expenses and that I am responsible for the payment of outstanding charges.

I am a financial aid recipient (i.e., tuition scholarship, Schomburg, Presidential, GOP, grants, direct loans, etc.) and have discussed my request for academic term withdrawal with a financial aid advisor, and my funding department (if applicable).

I am NOT a financial aid recipient.

I am an F-1/J-1 visa holder and have discussed my request for academic term withdrawal with an advisor in International Student Services (210 Talbert Hall, iss@buffalo.edu). I understand the impacts an approved academic term withdrawal will have on my immigration status and understand the actions I must take.

Student Signature _____

Required Approvals:

Advisor/Director of Grad. Studies _____
Print Name Signature Date

Assistant/Associate Dean _____
Print Name Signature Date

Submit completed form and documentation to the Graduate School at grad@buffalo.edu.

For Office/Processing Purposes Only:

Academic: Approved ____ Denied ____ Name _____ Signature _____ Date _____

Financial: Approved ____ Denied ____ Name _____ Signature _____ Date _____