

PETITION TO CHANGE EFFECTIVE DATE OF WITHDRAWAL OR LEAVE OF ABSENCE

Instructions

Please read the information on the reverse side of this form to determine if you meet the criteria for an adjustment to the effective date of your official withdrawal or leave of absence. If a petition is appropriate to your situation, please complete this form with your written statement and supporting documents and return the entire petition to Enrollment Services. You will be notified of the outcome of your request. If any date changes are approved, your semester charges and financial aid awards will be reviewed for further adjustment. Decisions resulting in financial adjustments are subject to review by Federal, State and University auditors.

Send Completed Form To:

University of Rhode Island
Enrollment Services Green Hall 6
Rhody Ram Way
Kingston, RI 02881 USA

Phone: (401) 874-9500

Fax: (401) 874-2910

Email: petitionses-group@uri.edu

Website: www.uri.edu/es

SECTION A. Student Information

Name (last, first, middle initial)	Student ID number	Phone number (include area code)
Current address (street address, apartment number of P.O. Box, city, state, zip code)		
Email address	Semester	Requested WD or LOA effective date

SECTION B. Reason for Request

Please state your reason for requesting a change to the effective date of your withdrawal or leave of absence. You may continue on the reverse side of this form, if necessary. You must sign this form certifying that the information you provided is true.

Signature:	Date:
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For Office Use Only

Original date of drop ____/____/____	Adjusted date of drop ____/____/____	Petition status: <input type="checkbox"/> approved <input type="checkbox"/> denied	Comments:
ES representative's signature		Date	



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Important Information:

This is a petition for an adjustment to the effective date of an official withdrawal or leave of absence. If you feel that the date of your withdrawal or leave of absence does not correctly reflect your actual attendance during the semester in question, an adjustment to the effective date may be requested which more accurately coincides with a verified actual date of attendance in class(es). **This petition is appropriate only to situations involving change to comply with actual attendance dates.** In some cases, where the University was responsible for a student's withdrawal, a petition may be submitted which documents the circumstances for retroactive consideration.

Supporting statements from University sources must be presented on University letterhead or be sent from a URI email address. If you are claiming that you attended class(es) only until a certain date, then you must provide a statement from the course instructor(s) verifying your last date of attendance in class.

If you are claiming non-attendance because you transferred to another institution and failed to properly withdraw, a transcript verifying full-time attendance at the other institution may be submitted as acceptable documentation.

All departments within Enrollment Services, and other appropriate University Departments (i.e., Health Services, Dining Services, and Office of Residential Life) will be notified if your petition is successful. However, please note that Enrollment Services is not responsible for adjustments to health service fees, acc/sick insurance fees, or room and board charges. You should contact Health Services, Residential Life, or Dining Services for instructions concerning the appeal of these specific charges.