

**GRADUATE APPLICATION REQUEST TO RECEIVE W* GRADE FOR
EMERGENCY/MEDICAL WITHDRAWAL**

**Graduate and Continuing Ed.
Raymond Hall 206**

Withdrawal for a documented medical or emergency leave must be requested in Graduate and Continuing Ed.. An emergency withdrawal from a course will be recorded permanently the transcript as a “W*” and is not considered as part of the 9 credit hour maximum. Withdrawing due to a call to active military is noted as “M*” on the permanent record and will not count towards the 9 credit hour limit.

Please consider the following prior to requesting Emergency/Medical Withdrawal:

- Withdrawing from classes may affect your financial aid. Please contact Financial Aid prior to completing this form.
- If your request for Emergency/Medical Withdrawal is approved, the W* will be recorded on your permanent record.
- If you select to withdraw from all courses, please contact the Student Accounts Office for your financial responsibility.

Student’s Name: _____ ID#: _____

Current Address: _____ Potsdam email: _____

Current Phone #: _____ Date of Application: _____

Semester I am applying for W* for: Spring Summer Fall Year: _____

Check One: _____ All Courses _____ Individual Course(s) (Please list courses below.)

	CRN #	SUBJ	COURSE #	SECTION #	COURSE TITLE
1					
2					
3					
4					
5					
6					

1. Please explain the emergency circumstances that prevented you from satisfactorily completing your coursework for the semester indicated above. Be as specific as possible; attach an additional sheet if necessary.

(over)

2. Emergency circumstances must be documented where possible. Please indicate the form of documentation you are supplying, including the names of those from whom you have requested documentation.

This documentation:

	Is attached
	Mailed to Graduate & Con't Ed., Raymond 206, SUNY Potsdam, Potsdam, NY 13676
	Will be faxed to Graduate and Continuing Ed. at (315) 267-3350
	Will be brought to the office, Raymond Hall 206

The decision to grant an emergency grade requires that the circumstances noted are indeed of an emergency nature and that the provision of documentation, while helpful, does not automatically indicate that the request will be granted.

Please note that there are other possible options for grade adjustments which include Incomplete (I) and Withdrawal (W).

Notification of this application decision will be mailed to your SUNY Potsdam email address.

Student Signature: _____ Date: _____

For office use only.

Application for Emergency Withdrawal is: _____ Approved _____ Denied

Director, Graduate and Continuing Ed.

Date

Dean Signature

Date

Comments: _____

