Request for Change After Deadline

Students submitting a request should direct questions to the Registrar Service Center (309) 438-2188 or Registrar@ilstu.edu.

A complete request must include the following:

1) A completed, signed, and dated withdrawal exception request form.
2) A one-page, typed, detailed reason for the request; including the desired outcome.
3) Relevant and supporting documentation that pertains to the time period at issue

Requests without a completed Withdrawal Exception Request form, typed request, and supporting documentation will not be reviewed.

A request for exception must meet the following criteria:

• The request must be made within one calendar year from the last day of the semester in question.
• A “cause and effect” relationship must be demonstrated between the extenuating circumstances and the ability to complete course work or attend classes in the time frame for the exemption request.
• Evidence that the circumstances experienced and their resulting impact were unforeseeable and/or could not have been reasonably prevented during the semester in question.
• Relevant documentation must be furnished from an appropriate authority to support the claim. Documentation must be signed, on official letterhead of the issuing authority, and include contact information. ISU reserves the right to verify the validity of submitted documentation. See below for examples of supporting documentation:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Examples of Supporting Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Issue</td>
<td>A signed letter on letterhead from a physician/counselor/medical provider (facility) stating the date(s) of onset, duration of condition, and how the condition impaired the student’s ability to continue/complete classes. DO NOT SEND: hospital discharge papers, medical bills, or photos of injury/surgery.</td>
</tr>
<tr>
<td>Military Duty</td>
<td>Deployment orders detailing a call to active duty.</td>
</tr>
<tr>
<td>Death of an Immediate Family Member</td>
<td>A death certificate or obituary. The submitted documentation must show the date of death and family relationship. An immediate family member is defined as a parent, grandparent, spouse/partner, sibling, or child per Policy X.</td>
</tr>
</tbody>
</table>

• The following issues cannot be addressed through the request for exception withdrawal committee:
  o Reinstatement to the university after academic dismissal. Contact University College for information on reinstatement.
  o Reinstatement to the university after disciplinary dismissal or health and safety withdrawal. Contact Student Conduct and Conflict Resolution for information on reinstatement.
  o Disputes regarding letter grades assigned by faculty. See the Final Course Grade Challenge Policy.
  o Complaints about class instruction, curriculum, or login to an online classroom. Contact the relevant academic department/school or technology support center.
  o Requests on the basis of job obligation or change in employment responsibilities.
  o Appeals based on financial hardship will not be reviewed. Exceptions to withdrawal deadlines will not be made based on student and/or family constraints. Inability to have financial aid in place at the start of term is not grounds for an exception to withdrawal deadlines.

Multiple requests for the same circumstance will not be considered. Requests that are reviewed are done so as a one-time exception request. If a request is approved, future requests for extensions of withdrawal will not be approved without significant exceptional circumstances.

Mail, fax, or deliver your signed withdrawal deadline exception request form, typed statement, and documentation to:

Office of the University Registrar
ATTN: Petitions
Campus Box 2202
Normal IL, 61790

Route in-person drop off to 107 Moulton Hall
Fax: (309) 438-8652
Request for Change After Deadline Form
Office of the University Registrar Service Center
Campus Box 2202, Normal IL 61790
Fax: (309) 438-8652 Registrar@ilstu.edu

Please print:

Student Name: _____________________________________ Student ID: __________________________
Address: __________________________________________ Phone: _____________________________
________________________     ______    _________       Email: _______________________________
City                                        State            Zip

Term: Circle term and fill in year
Fall            Spring         Summer

LIST COURSES WHICH SPECIFICALLY RELATE TO THIS REQUEST:

<table>
<thead>
<tr>
<th>Department</th>
<th>Course Number</th>
<th>Section Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you receive Financial Aid for the above term: (circle one)   Yes      No

Note to Financial Aid recipients: any changes in enrollment may result in a retroactive adjustment in any Financial Aid awarded.

Required Documentation:
- Completed, signed, and dated Request Form
- One-page typed, detailed rationale statement explaining the reason for the request, including desired outcome
- Relevant and supporting documentation that pertains to the class(es) and time-frame at issue. For additional guidance, please refer to the instructions for submitting a Withdrawal Deadline Exception Request.

Please Note:
- Forms submitted without explanation and supporting documentation WILL NOT BE PROCESSED.
- The deadline to submit a request for exception to the deadline is ONE CALENDAR YEAR from the last day of the semester in question.
- Multiple requests for the same circumstance will not be considered. Requests that are reviewed are done so as a one-time request. If a request is approved, future requests for withdrawal will not be approved unless there are significant exceptional circumstances.
- Allow six to eight weeks from the time of complete documentation submission for a decision. Submission of a request does not suspend billing activity.

I certify that the above information and all information submitted in support of this application is complete and accurate.

_________________________________________________________                                        ______________________
Student Signature                                                                                                                                                    Date