Undergraduate Student
Withdrawal Date Appeal Form

In extraordinary circumstances, when a student is unable to attend classes due to a serious accident or illness, and is unable to notify the University in a timely fashion, a Withdrawal Date Appeal Form may be submitted to the Registrar’s Office for consideration.

Complete the form below, scan and email to: registrar@miami.edu or print and mail to:
University of Miami
Office of the Registrar – Withdrawal Date Appeal
P.O. Box 248026
Coral Gables, FL 33124-6914

First Name: ______________________________ Last Name: ___________________________ C#________________________
Email Address: _______________________________ Phone: __________________ Semester of Appeal (Term/Year)______ / 20___

Appeal Process:
1. First, initiate an official withdrawal request for the semester in question, through the ‘Cane Success Center, by following the withdrawal process outlined at: www.miami.edu/withdrawal

2. Complete this form and submit it to the Office of the University Registrar, listed above

3. Attach a personal statement that includes an explanation of the circumstances that interfered with your ability to withdraw in a timely fashion.
   a) Appeals should be written by the student and fully explain the student’s experience.
   b) If the student is incapable of submitting an appeal on their own behalf, please contact the Office of the Registrar for further assistance at (305) 284-2294.

4. Include support documentation to corroborate the circumstances referenced in your appeal.
   a) Any testimony related to the events surrounding your appeal should be from people directly involved in the event and/or subsequent recovery (do not include support letters from family or friends).
   b) All documentation, medical or other relevant documentation, must be provided at the time of the appeal.
   c) When submitting medical documentation:
      i. only submit documents from the doctor or medical facility that are directly related to the injury or diagnosis or recovery;
      ii. documentation must be from a certified health care provider and submitted in English. If necessary, provide an English translation
      iii. do not submit insurance documents, prescriptions, or prescription pad notes.

Appeal Guidelines:
• The Appeal Form must be submitted within 30 calendar days from the date of withdrawal from the University or, if the appeal is being submitted for a prior semester, it must be submitted within 30 calendar days of the last day of the end of the semester in question.
• Only one term may be appealed for a particular incident.

I attest that the information and documentation provided is true and accurate to the best of my knowledge and I understand that any falsification or misrepresentation of the facts will result in an appeal denial.

Student Signature         Date

• Withdrawal Date Appeals are for institutional purposes only; unless noted in the appeal decision letter, dates reported to student loan providers, for purposes of calculating a student’s grace period and interest rate for repayment, will not change.
• A decision will be sent electronically to the email address provided on the Appeal Form.
• All appeals are final.

For Office Use Only: Notification Date of Withdrawal (Required) ___/_____/______
Decision: _________________________________ Effective Withdrawal Date _____/_____/______