



**Retroactive Resignation Application**

Retroactive resignation is applicable for students who would like to withdraw from all courses taken in a prior semester due to extenuating circumstances and is subject to approval. Retroactive resignation does not provide any basis for requesting a refund. All refunds of tuition and fees are made in accordance with the Fee Schedule in the Bulletin. Retroactive Resignations are generally granted only once during a student’s college career. If the retroactive resignation is approved, student may be required to return some or all financial aid received for that semester.

**To Be Completed By Student**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Semester applicable for Retroactive Resignation (cannot be the current semester): \_\_\_\_\_

**I understand that I may be liability for full or partial tuition of the semester applicable for retroactive resignation, if approved. In such case, tuition must be made in full until the approval can take effect on my student record. I understand that my Retroactive Resignation Application is subject to approval after the review of the following included documentation.**

- This completed Retroactive Resignation Application.
- A personal statement detailing the reason for retroactive resignation.
- Photocopies of relevant documentation to support the retroactive resignation request.
- Any other document that will assist the committee with reviewing the application.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Verification: Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_

SIMS Process Date: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Rec'd By: \_\_\_\_\_