



**SOUTHERN UNIVERSITY AT NEW ORLEANS
PETITION FOR A RETROSPECTIVE WITHDRAWAL "W"**

Name: _____

Student ID No. _____

Semester: _____

Program: _____

Course No: _____

Special circumstances that support this petition are as follows:

Per COVID-19 Academic Guideline

It is understood that should this request be granted, it is the student's responsibility to satisfy all requirements for receiving a **Retrospective Withdrawal "W"** as enumerated in COVID-19 Academic Guideline.

Approved: Conditions to be met for **Retrospective Withdrawal** _____

Denied Reason(s): _____

Student

Advisor

Financial Aid

Vice Chancellor for Academic
Affairs

Approved/Denied