SOUTHERN UNIVERSITY AT NEW ORLEANS
PETITION FOR A RETROACTIVE 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 Retroactive Withdrawal “W” as enumerated in COVID-19 Academic Guideline.

Approved: Conditions to be met for Retroactive Withdrawal

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Denied Reason(s):

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Student ____________________________  Advisor ____________________________

Financial Aid ____________________________  Vice Chancellor for Academic Affairs ____________________________

Approved/Denied ____________________________

COVID-19 Flexibility 4/2020
Spring 2021 Adaptation