

# Late Withdrawal Return Request

This form must be submitted when a student is returning to Appalachian after having been granted a **Late** withdrawal from the term. Please submit the completed form, along with any necessary documentation, as specified below.

Please Print Clearly:

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## Student Information:

Banner ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

AppState Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Return Semester: \_\_\_\_\_

Late Withdrawal Semester: \_\_\_\_\_

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1. Describe, in detail, your plan for success and for utilizing resources to ensure that the condition(s) no longer results in your inability to complete academic responsibilities within a given academic term. Attach additional paper as needed.

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2. If the late withdrawal was due to **health** concerns, please submit a letter that meets all requirements outlined on the **Health Return Guide**. Requests not meeting letter requirements will not be reviewed by the committee.

Please return this form and all supporting documentation by:

Mail: Registrar's Office, PO Box 32009, Boone NC 28608

Fax: (828) 262-3136

or In-person, John Thomas Hall, Room 109