

# Late or Retroactive Return Request

This form must be submitted when a student is returning to Appalachian after having been granted a late or retroactive withdrawal. Please submit the completed form along with any necessary documentation as specified below. If the withdrawal was due to health concerns, please submit the **Health Documentation Return Form** in addition to this form. Extenuating Circumstances are unforeseen, uncontrollable, and unavoidable events that have resulted in a student's inability to complete academic responsibilities within a given academic term, allowing students to withdrawal from ALL courses.

Please Print Clearly:

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## Student Information:

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

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

App State Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Semester Requesting to Return: \_\_\_\_\_

Semester Withdrew: \_\_\_\_\_

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Students seeking to return to Appalachian after being granted a Late or Retroactive Withdrawal may be required to provide documentation showing that the Extenuating Circumstance(s) has been mitigated and that they are able to continue their academic studies successfully. Documentation provided will be reviewed by the Committee before re-enrollment will be allowed. Please provide the required information, as applicable, below:

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. Provide documentation, noted below, substantiating that the extenuating circumstance event will no longer impede your academic progress:

- a. Health: **Health Documentation Return Form** from Health Provider.
- b. Military Service: Title 10 Active Military Orders with length of time away, or Title 32 Training Orders (Two weeks training), or a letter from the Director of Student Veteran Services which validates orders.
- c. Unforeseen Personal Hardship: example, Official letterhead from a professional organization, Death certificate or Notice of Death.

Please return this form and all supporting documentation by:  
Mail: Office of the Registrar, PO Box 32009 Boone, NC 28608-2009  
Fax: 828-262-3136  
or In-person, John Thomas Hall, Room 109