



## Withdrawal Without Prejudice Request Form

According to the New Mexico Tech Course Catalog, the Withdrawal Without Prejudice (WO) policy states: Under extremely unusual circumstances (for example, serious illness or death in the student's immediate family), a student may petition for a Withdrawal Without Prejudice. Students may not withdraw without prejudice from a course they are failing due to plagiarism, cheating, or other disciplinary issues. A request for an undergraduate withdrawal without prejudice should be submitted to the Dean of Students for review and consideration. Such a withdrawal does not alter charges for tuition and fees.

**INSTRUCTIONS:** Before completing this form, you must meet with the Dean of Student Success Initiatives to discuss options, including requesting a grade extension in your courses.

**The signatures below are required before this request will be reviewed, and for the student to understand the process and how it may impact them.**

- ☐ This WO has been reviewed and approved by the Dean of Students Office.
- ☐ **If you are an international student**, contact the International Student Services Coordinator, Fidel Center, Room 261, before submitting this form.
- ☐ **Meet with your Academic Advisor. Include signature here:** \_\_\_\_\_  
**Date:** \_\_\_\_\_
- ☐ **Meet with the Dean for Student Success Initiatives (Fidel Center, Room 236, 575.835.5208).**  
**Include signature here:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- ☐ **Meet with a Financial Aid Counselor or the Director (Fidel Center, Room 222, 575.835.5333) to understand how a Withdrawal Without Prejudice may affect your financial aid funding and scholarships. Include signature here:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- ☐ **If you live on campus, please meet with the Housing office to cancel your housing contract and arrange for move-out.**  
**Housing Staff signature here:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- ☐ **If you have recently been seen in the NMT Health Center, NMT Office of Counseling, or Student Access Services in relation to this request, please have them include their standard support form.**
- ☐ Complete Sections A, B, and C below:
- ☐ Attach the required supporting documentation (e.g., Medical Supplement) and personal statement; and
- ☐ Submit this form and required information to the Dean of Students, Fidel Center, Room 236 / Contact: 575.835.5548 or [deanofstudents@nmt.edu](mailto:deanofstudents@nmt.edu).

The course grade WO (for Withdrawal Without Prejudice) will remain on your academic record for each course. Questions regarding this form or the appeal process can be directed to the Dean of Students.

**DEADLINE:** Your petitions must be received by 5:00 p.m. on the Friday before the semester's final exams in which the course or courses were registered. In rare and extreme cases (e.g., a student is hospitalized), the Dean of Students may consider requests after the deadline.

### SECTION A: Student Information

|                                                                                                                                                                                                                                                               |               |                                          |                |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|----------------|-----------------------|
| Student Name: Last                                                                                                                                                                                                                                            |               | First                                    | Middle Initial | Telephone #           |
| Current mailing address, street or post office box                                                                                                                                                                                                            |               | City                                     | State          | Zip Code              |
| Full & Partial Request to Withdraw<br>Without Prejudice from Classes:<br><input type="checkbox"/> Check here to withdraw from ALL classes.<br><input type="checkbox"/> Check here to withdraw from individual classes (provide the course information below): |               | Tech e-mail address (Print very clearly) |                | Student ID #          |
| Term / Year<br>(Circle one & fill in the year)                                                                                                                                                                                                                |               | Course #                                 |                | 5 digit class # (CRN) |
| Fall                                                                                                                                                                                                                                                          | Year<br>_____ |                                          |                |                       |
|                                                                                                                                                                                                                                                               |               |                                          |                |                       |
| Spring                                                                                                                                                                                                                                                        |               |                                          |                |                       |
|                                                                                                                                                                                                                                                               |               |                                          |                |                       |
| Summer                                                                                                                                                                                                                                                        |               |                                          |                |                       |

**SECTION B: Reason for Appeal.** (1) Please check the box for the reason you are petitioning and (2) attach a personal statement regarding your reason for the petition, as well as (3) the required documentation listed in the box below. Any documentation you provide is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). Complete the Personal Statement below as well.

|                                                          |                                                                                                                                                        |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Medical:                        | Your physician must complete the medical supplement on the next page, and you must sign the authorization to release medical information on that page. |
| <input type="checkbox"/> Death in the Immediate family   | Copy of obituary that lists you as an immediate family member or death certificate required.                                                           |
| <input type="checkbox"/> Military Activation             | Copy of military activation orders.                                                                                                                    |
| <input type="checkbox"/> Extremely Unusual Circumstances | Events are beyond an individual's control at a magnitude that prevents course completion. Documentation is required.                                   |
|                                                          |                                                                                                                                                        |

**Write a Personal Statement regarding your reason for this petition. Be specific about why this incident, challenge, or series of challenges has prevented you from completing the course or courses or withdrawing before the Change of Grade Option Deadline. (Attach additional pages if necessary)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
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| <b>SECTION C: Student Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
| <p><input type="checkbox"/> I am not receiving or did not receive financial aid for the term/year listed in Section A. (Financial aid includes loans, grants, scholarships, tuition benefits, and fellowships.)</p> <p><input type="checkbox"/> I am receiving or did receive financial aid for the term/year listed in Section A. <i>(NOTE: If your circumstances require you to withdraw/drop from some or all courses, you are required to contact a Financial Aid Counselor and your academic adviser so your decision will be based on a clear understanding of the consequences of withdrawing from courses.)</i> <b>I understand that in many cases, withdrawing completely or withdrawing from courses will result in being billed for financial aid that has been disbursed based on my original enrollment.</b></p> <p><i>By signing this form, I certify that I understand the potential impacts on my academic process, financial aid and scholarships, no tuition or fee refund, and the possibility of being billed for financial aid if I withdraw. I am also certifying the information I provided is accurate. I understand that misrepresenting facts or documentation may be sufficient cause for the automatic denial of this request/appeal and may violate the Student Conduct Code. I have read and understand the statement above and attest as documented by my signature on this date.</i></p> |             |
| <b>Student Signature</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Date</b> |

*for office use only*

|                                                                       |            |      |
|-----------------------------------------------------------------------|------------|------|
| approved?<br><input type="checkbox"/> yes <input type="checkbox"/> no | Signature: |      |
| Effective date of refund                                              | term/year  | date |

## NEW MEXICO TECH WITHDRAWAL (WO) REQUEST MEDICAL SUPPLEMENT

**INSTRUCTIONS FOR PHYSICIAN:** This form will help the student with documentation for an exception to the New Mexico Tech withdrawal policy. When completing this form, you will be asked to rate conditions on a mild, moderate, or severe scale. Please use these ratings to indicate the usual state of the severity of the conditions during the illness period. *Mild* indicates impairment in functioning greater than expected for a college/university student, leading to some impairment in studying and missing classes. *Moderate* indicates further impairment in functioning that is not excessive or extreme. *Severe* indicates extreme functioning difficulty and inability to attend class or study. If additional space is needed, attach a separate letter on letterhead providing further information.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| Student Name: Last                                                                                                                                                                                                                                                                                                                                                                                                                                                          | First Middle | Student ID # |
| <b>To be completed by a physician/medical professional</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |              |              |
| 1. The patient was seen for the medical condition on (list all dates):                                                                                                                                                                                                                                                                                                                                                                                                      |              |              |
| 2. State your diagnosis:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |              |
| 3. Length of treatment:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |              |
| 4. Was the student physically/emotionally incapable of attending class(es) during the term of the illness?<br>[ ] Yes [ ] No                                                                                                                                                                                                                                                                                                                                                |              |              |
| 5. Rate the severity of how the illness impacted the student's daily functioning during the term of the illness:<br>[ ] Mild (less than 2 weeks), [ ] Moderate (2-6 weeks), [ ] Severe (more than 6 weeks)                                                                                                                                                                                                                                                                  |              |              |
| 6. List specific symptoms and how they prevented the student from attending class(es):                                                                                                                                                                                                                                                                                                                                                                                      |              |              |
| 7. Extent of the illness or injury as it relates to the student's ability to participate in class:<br><input type="checkbox"/> Hospitalization (including day hospitalization) required (Dates)<br><input type="checkbox"/> Confined to bed (Dates)                                                                                                                                                                                                                         |              |              |
| 8. If this condition is a continuation of a prior condition, did the student suffer a relapse, have complications, or require a change in medication that affected her/his ability to attend classes? If yes, explain and give the date this was diagnosed.                                                                                                                                                                                                                 |              |              |
| 9. Rate how the student's illness affected the following daily functions:<br>Ability to concentrate: [ ] Mild, [ ] Moderate, [ ] Severe, [ ] Not applicable. Ability to sleep: [ ] Mild, [ ] Moderate, [ ] Severe, [ ] Not applicable<br>Ability to attend class or study: [ ] Mild, [ ] Moderate, [ ] Severe, [ ] Not applicable<br>Energy level: [ ] Mild, [ ] Moderate, [ ] Severe, [ ] Not applicable<br>Other : [ ] Mild, [ ] Moderate, [ ] Severe, [ ] Not applicable |              |              |
| 10. Did you recommend ongoing treatment/therapy? [ ] Yes [ ] No<br>If yes, how often is/was the required treatment: [ ] Daily, [ ] Weekly, [ ] Monthly, [ ] Other                                                                                                                                                                                                                                                                                                           |              |              |
| 11. On what date do you believe the student can/could have resumed normal daily activities, including attending class(es)?                                                                                                                                                                                                                                                                                                                                                  |              |              |
| 12. Other comments pertinent to the student's circumstances:                                                                                                                                                                                                                                                                                                                                                                                                                |              |              |

By signing this form, you certify that the information you provided is true to your knowledge.

|                                                                                      |              |
|--------------------------------------------------------------------------------------|--------------|
| Physician's Name/Title                                                               | Date         |
| Physician's Signature                                                                | Phone Number |
| Name and Address of Agency or Medical Provider (e.g., Socorro Hospital, Socorro, NM) |              |

Signature of student authorizing the release of medical information: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Procedures

The student must complete a Withdraw Without (WO) Prejudice Request Form if extenuating circumstances have prevented the student from dropping their semester/term course work timely (**AFTER the withdrawal deadline**) and warrant an exception to the withdrawal process. All WO petitions, written and signed by the student and accompanied by supporting official third-party documentation (if required), will be submitted to the Dean of Students Office.

For a request to be approved, the student must prove extenuating circumstances were the sole cause of class withdrawal. The responsibility to supply adequate supporting documentation lies with the student.

If additional documentation is needed for the University to make a final decision. In that case, the student will have 30 business days to submit the additional documentation or the petition will be denied.

**Requests submitted by someone other than the student (e.g. parent, guardian, sibling, etc.) will not be considered.**

Submitting a request does not guarantee approval, so students are encouraged to continue their efforts in their course/s.

Requests that fall outside existing criteria and appeals of the Dean of Students' decisions are referred to the WO Committee (WOC) for review. Students who wish to appeal the decision of the Dean of Students must do so in writing within 10 business days after receiving the decision.

The WOC is a committee comprised of the Dean of Student Success Initiatives, the Associate Vice President for Academic Affairs, the Director of Financial Aid, and the Dean of Students.

- The Dean of Students does not participate in appeals of the Dean of Students decisions.
- Requests and appeals are reviewed in the order they are received.
- Students will receive an email confirmation that their request form has been received.
- Committee members may contact third-party documentation providers to verify the information provided by the student.
- The Committee may also contact the student's instructor(s), adviser, department head, and any other University personnel and to inquire as to attendance record, current grade in the course(s), assignments completed, or other University interactions as they relate to the petition or appeal request.
- Materials are confidential and shared only with members of the Committee who review the request and appeal.
- Once the Committee has reached a determination, the student will receive an e-mail **within 7 business days** indicating the Committee's disposition of the petition or appeal.

The Dean of Students and Committee will **NOT** consider requests or appeals for the following reasons:

1. Registering for the wrong course. The student is responsible for verifying the accuracy of course prerequisites or required courses, course schedules, required texts or other supplies, course content, and appropriateness of course level, catalog requirements, and registration.
2. Any case that involves a protested check or any account that has been turned over to a collection agency or the state of New Mexico.
3. Misinterpretation, lack of knowledge, understanding, or failure to follow applicable University policies and procedures as published in the NMT Course Catalog, Class Schedule, official University website <https://www.nmt.edu/>, or other applicable University publications.
4. Dissatisfaction with course content or delivery of instruction, non-attendance/minimal class attendance, or academic progress in the course.
5. Appeals of non-refundable fees.
6. Inadequate investigation of course requirements before registration and attendance.
7. Non-qualification, late application, or loss of eligibility for financial aid or scholarships.
8. Non-receipt of mail due to an obsolete address on file with the university registrar's Office, failure to activate or maintain the student's official student.nmt.edu e-mail account (e-billing), changes of, or personal conflicts with, the instructor of record.
9. Student errors delay administrative processes relative to registration or the delivery of financial aid funds.
10. Voluntary acceptance of employment or other activity influencing the ability to attend classes.
11. Textbook, software, hardware, or technical difficulties.
12. Routine illness or vacation plans
13. Lack of preparation or failure to meet course prerequisites.
14. Personal errors in judgment or irresponsibility involving transportation, availability of finances, academic ability, and time management.

**The student must understand that the University can only approve a WO petition once during the entire academic career at Tech.** If the event is related to a medical condition, the student must make an informed decision (which may require a consultation with a healthcare provider) before enrolling in future coursework, since an appeal is granted on a one-time basis.

All academic grievances must follow the **NMT Student Grievance Procedures**.

**Financial Aid Recipients Note:** If a petition or appeal is approved for a recipient of federal and state financial aid (grants and loans), the student's original course registration is canceled, and tuition liability is eliminated. As a result, federal/state regulations dictate that all financial aid previously applied to the student's account and disbursed to the student as an overpayment refund must be recalculated under the Federal Return to Title IV, state, and institutional policies. This action may result in an outstanding balance on the student account; in certain scenarios, that (new) balance owed may be in an amount greater than was incurred via the initial registration/aid disbursement.

**Spouses of Service Members Called to Active Duty:** Students who are the spouse of a service member and have a dependent child can Withdraw Without Prejudice if their spouse is called to active duty. The same terms and conditions apply to these students as to the service members. Students must present the service members' orders to the University's Veteran Services to begin the process.