

High School/College Partnerships

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PETITION FOR LATE WITHDRAWAL

(Student petition for withdrawal after the official withdrawal date)

Student Name _____ Student ID # _____
(Last, First, Middle)

Name of High School _____

Students Home Address: _____

Student's Phone (_____) _____

Instructions

- Give an explanation for your petition.
- **Two to Four weeks** after submission of this form, you should receive a letter indicating the decision of the committee regarding the action taken on this petition.
- The HSCP Office can be contacted by phone **(816) 235-1165** or by e-mail hscp@umkc.edu

CLASS INFORMATION: Indicate the classes from which you wish to withdraw in the boxes below.

Note: All requested information **must** be supplied to complete this petition.

Year Course was Taken	Department	Course#	Section	Course Title	Teacher Name (please print)

EXPLANATION (Undesirable grade(s), waited for test results or another test, failure to check the date of the withdrawal deadline, etc..., is **not** acceptable reasons. Please use the back of this sheet if needed.)

Student Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Approval by _____ Date _____