



Improper Withdrawal/Appeal

Improper Withdrawal Appeals are available if there are extenuating circumstances beyond your control that prevented you from dropping/withdrawing before the deadlines had passed. You may appeal to drop a course or courses, withdraw from a semester, request a refund or change grades to Audits. IW Appeals are considered by the Appeals Board whose decisions are final. The Appeals Board meets periodically throughout the semester.

Procedure- Appeals lacking all three components will not be accepted

1. APPEAL FORM (this form): Review this form thoroughly. Fully complete the Requested Action and course information portion.
2. SIGNED LETTER OF INTENT: This is your written statement to the Appeals Board; it is your opportunity to make your case; be detailed and specific. Please note that if there are not extenuating circumstances beyond your control, the Board will not consider your appeal.
3. THIRD PARTY SUPPORTING DOCUMENTATION: Your appeal will not be considered by the Board if you do not provide sufficient substantiating documentation. This documentation must be official and provided by a third party.

Next Steps

1. You will receive notification to your preferred email address. Please make sure that your preferred address is up to date to avoid any delays in communication.
2. A withdrawal with no refund approved by the Board is forwarded for final academic approval to the instructor, chair and dean for each course or the dean of the student's major program. All other decisions will be processed within 10 business days in MyNevada.
3. Decisions of the Appeals Board and the resulting outcome are final. There are no further appeals for the improper withdrawal process.

Contact Information

Patti Hachten, Appeals Coordinator
 Office of Admissions and Records, (Fitzgerald Student Services Building, 2nd Floor)
 Phone: (775) 682-5906
 Email: phachten@unr.edu or mynevada@unr.edu

Email complete appeals to:

Nevada Box:
Imprope.66qvqy4gg8qvg0un@u.box.com

***Note** that sending attachments through email is not secure. Redact personal identification (Date of Birth, Social Security Numbers, etc.) before sending.

Initial where indicated acknowledging each statement

Financial aid recipients must obtain counseling from a financial aid advisor regarding the impact of dropping courses or a total withdrawal on financial aid status. Students receiving financial aid/scholarships who withdraw from a course (s) may have their aid adjusted and may be required to repay some or all of the aid received.

Please be aware that it is your responsibility to fulfill all financial obligations to the University.

I have provided a letter of intent explaining my situation and the extenuating circumstances that I experienced. I have also provided third party documentation substantiating my letter of intent



Office of Admissions and Records
Improper Withdrawal/Appeal

I hereby authorize UNR Office of Admissions and Records to release my confidential information, resulting from contact with the staff of Admissions and Records.

I understand that in considering my appeal, Appeals Board members will review my entire submission, including sensitive information. Board members will honor my privacy and will not release confidential information from my appeal.

I understand that I am under no obligation to disclose the requested information and am releasing the information voluntarily. I may revoke this consent at any time by informing Admissions and Records in writing of my intent. This authorization is in effect until the end of the academic year during which it is issued or I request in writing that it be rescinded, whichever comes first.

In consideration of this consent, I hereby release the above parties from any and all liability. I also acknowledge by signing this form that I may be required to repay some or all of the Financial Aid received for the term(s) in question if the appeal is approved.

- I am an international student and have consulted OISS.
I am an athlete and have consulted with my athletic advisor.
I am an graduate student and have consulted with my graduate advisor and Graduate School.

By signing below I certify that the information in this appeal is true, accurate and complete.

Name _____ NSHE ID _____

Signature _____ Date _____

Requested Action:

- Total Withdrawal from Classes
100% Refund
If the appeal is approved and you need to go on leave please submit the leave of absence form and notify the Appeals Coordinator.
Partial Withdrawal from Classes
50% Refund (only granted for withdrawal from all courses in the semester)
Change to Audit

Table with 3 columns: Semester/Year, Requested Courses, Last Day of Attendance. Contains 5 empty rows for data entry.

For Office Use Only

- Approved
Denied

Date _____