



SCHOLASTIC STANDING COMMITTEE
COLLEGE OF ARTS AND SCIENCES

GUIDELINES FOR PETITIONS

ALL REASONS **MUST BE DOCUMENTED** TO THE COMMITTEE'S SATISFACTION. **STUDENTS ARE RESPONSIBLE FOR SUBMITTING THE NECESSARY LETTERS, DOCUMENTS, ETC.** in support of their petition and may consult with an Assistant Dean in the Academic Advising Office. In the meantime, **CONTINUE CLASS ATTENDANCE.**

Generally, the following **WILL** constitute grounds for acceptance of withdrawal petitions:

1. Medical reasons. (Physical, Emotional or Psychological problems must have an established background and documentation).
2. Change of family or economic status.
3. Clear cases of administrative, faculty advisory or instructor negligence.

Generally, the following **WILL NOT** constitute grounds for withdrawing from a course or semester:

1. Voluntary overload of course work (with or without advisor's signature).
2. Discontinuation of class attendance.
3. Obvious disregard of the catalog rules.
4. An attempt to remove a lower grade in order to maintain a good average.
5. Sudden revelations (after drop/withdrawal period) that the work is too demanding, or that the student does not have background for the course.
6. Failure to consult with the professor (after drop/withdrawal period and/or after receiving a warning notice).
7. Change of major.



STUDENT'S FORM

TO: SCHOLASTIC STANDING COMMITTEE – RUTGERS, CAMDEN CAMPUS

NAME: _____

ADDRESS: _____ **CITY/STATE** _____ **ZIP** _____

EMAIL: _____

SCHOOL #: ____ **50** – College of Arts & Sciences **or** ____ **64** – University College

RU ID#: _____ **PHONE #:** _____ **MAJOR:** _____

PETITION TO WITHDRAW FROM COURSE(S) AFTER THE DEADLINE

INSTRUCTIONS:

1. **CONTINUE CLASS ATTENDANCE!** Your petition may be denied.
2. Complete the **STUDENT FORM** front and back and make the appropriate copies. Return student form & copies to the Academic Advising Office.
3. Complete the top portion of the **ADVISOR'S** and **INSTRUCTOR'S FORM(S)**.
4. Request both your **ADVISOR** and the **INSTRUCTOR OF THE COURSE** to complete the forms. Once they have completed these forms please submit these forms to the Scholastic Standing Committee, Office of Academic Advising 311 Cooper St Camden NJ 08102.
5. **NOTE:** If the course that you are petitioning to withdraw from includes a Lab, you **must** list it separately and submit a separate instructor's form.
7. **In order to ensure privacy and security, decisions will not be released by phone. YOU WILL RECEIVE OFFICIAL NOTIFICATION BY MAIL.**

If your reason for withdrawing from the course(s) is personal, you are urged to meet with one of the Assistant Deans in the Academic Advising Office, 311 Cooper St, (856)225-6043 to discuss your situation. Additional information from persons other than your Instructor or Advisor is strongly recommended by the committee. You are reminded to review the academic regulations in your College Catalog. All of the information that the Committee receives is confidential.

NAME OF COURSE	SCHOOL #	SUBJECT#	COURSE#	SECTION#	INSTRUCTOR'S NAME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Semester _____

STUDENT'S SIGNATURE _____ **DATE** _____

(Petition must be signed)

REASONS FOR PETITION

After consulting the Committee's Guidelines for Petitions (on Blue sheet), please **TYPE** below the reasons why you think the Committee should grant your request. You may also do this on a separate sheet of paper and attach it to your petition. **DO NOT PUT YOUR NAME ON YOUR STATEMENT.** Be as clear and concise as possible. Make ten (10) copies of your typed statement, and submit them along with the original petition and a copy of your most recent transcript to the **ACADEMIC ADVISING OFFICE, 311 COOPER ST.** Be sure to explain why you did not withdraw from the course before **THE LAST DATE TO WITHDRAW FROM A COURSE WITHOUT ACADEMIC PENALTY.** This date can be found in the Semester Class and Hour Schedule.

REASONS: CHECK APPROPRIATE REASON(S) AND EXPLAIN BELOW.

*****Attach only one copy of documents with petition.**

- _____ 1. Medical (Appropriate medical documentation **must** be included)
- _____ 2. Employment related (Documentation from your employer is required)
- _____ 3. Personal or family (please describe)
- _____ 4. Mis-advisement or Negligence by Rutgers Staff
- _____ 5. Other _____

Do not write below this line.

SCHOLASTIC STANDING COMMITTEE ACTION

ACCEPTED _____ **DENIED** _____ **OTHER** _____

COMMENTS _____



INSTRUCTOR'S FORM

TO: SCHOLASTIC STANDING COMMITTEE – RUTGERS, CAMDEN CAMPUS

PART I. TO BE COMPLETED BY THE STUDENT DATE: _____

STUDENT'S NAME: _____ RU ID#: _____

SCHOOL #: _____ 50 – College of Arts & Sciences or _____ 64 – University College

NAME OF COURSE SCHOOL # SUBJECT # COURSE # SECTION #

NAME OF INSTRUCTOR: _____ SEMESTER: _____

PART II. TO BE COMPLETED BY THE INSTRUCTOR AND RETURNED WITHIN FIVE (5) DAYS TO THE SCHOLASTIC STANDING COMMITTEE , ACADEMIC ADVISING OFFICE, 311 COOPER ST. CAMDEN NJ 08102

The above student is petitioning the Scholastic Standing Committee to retroactively withdraw from the above course. Your comments will aid the Committee in making a decision.

1. The student attended class:

- (a) _____ regularly
- (b) _____ irregularly throughout the semester
- (c) _____ irregularly only in the recent past
- (d) _____ rarely or not at all
- (e) _____ if stopped attending, last date of attendance _____

2. As of the present, the student has completed all course work required. Yes ___ No ___

3. On the basis of the student's work, the student's grade as of this date is _____.

4. In your opinion, why do you think the student is petitioning to withdraw after the deadline?

5. Please add any additional comments and/or information that you believe can help the Committee reach an objective decision. Thank you.

INSTRUCTOR'S SIGNATURE: _____ DATE: _____



ADVISOR'S FORM

TO: SCHOLASTIC STANDING COMMITTEE – RUTGERS, CAMDEN CAMPUS

PART I. TO BE COMPLETED BY THE STUDENT DATE: _____

STUDENT'S NAME: _____ RU ID #: _____

SCHOOL #: _____ 50 – College of Arts & Sciences or _____ 64 – University College

NAME OF COURSE SCHOOL # SUBJECT # COURSE # SECTION #

NAME OF ADVISOR: _____ SEMESTER: _____

PART II. TO BE COMPLETED BY THE ADVISOR AND RETURNED WITHIN FIVE (5) DAYS TO THE SCHOLASTIC STANDING COMMITTEE, ACADEMIC ADVISING OFFICE, 311 COOPER ST.

The above student is petitioning the Scholastic Standing Committee to retroactively withdraw from the above course. Your comments will aid the Committee in making a decision.

- 1. In your opinion, why do you believe the student wishes to withdraw from this course?
- 2. In many cases, a student's reason for withdrawing from a course is personal. If you have discussed personal problems, a brief comment could be helpful to the Committee.
- 3. Any additional information that you believe would assist the Committee in making a decision will be appreciated. Please use the reverse side if necessary.

ADVISOR'S SIGNATURE: _____ DATE: _____