

Petition for Resumption of Studies Following Multiple Semesters of Withdrawal from All Subjects

Introduction

The College of Arts and Sciences understands that students can encounter a variety of issues that may adversely affect their academic progress and can necessitate a Withdrawal from All Subjects (WAS). At the same time, however, the College recognizes the serious implications a WAS can have on a student's degree completion as well as on his/her personal and financial well-being. Thus, before a student is cleared to resume his/her studies, he/she must demonstrate that the specific issues that resulted in a WAS have been addressed and that the student has a clear path to degree completion that includes the use of appropriate support services. Even if a petition to resume studies is approved, the student may be required to meet with a retention officer in the College and participate in academic advising or other activities designed to help him/her succeed academically. In some cases the College may determine that a student will benefit from taking a break from his/her studies until the issues that resulted in a WAS have been adequately addressed.

Petitions will be reviewed on a rolling basis, but must be received by the following deadlines in advance of the semester in which you intend to enroll:

Fall Semester: August 1

Spring Semester: December 1

Summer: May 1

Part I. Student information

Last Name _____ First Name _____ Middle Name _____

Student ID Number (10 Digits) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____ IU E-mail Address _____

Semester and year in which you hope to enroll _____ Desired Degree _____

Part II. Withdrawal from all subjects

Attach a statement that addresses the following:

1. List the semesters during which you withdrew from all subjects.

2. Provide a full explanation of the circumstances that led to your WAS for each semester identified in #1 (for example, health issues, living arrangements, divorce, death in the family, or other problems [academic or personal].) Submit with your petition documentation of the circumstances, if applicable.
 - a. If a physical or mental health problem was involved, please submit with your petition a statement from your healthcare provider that indicates his/her professional opinion on your readiness to resume your studies. This statement must be prepared by a professional unrelated to you who is licensed to practice within a field directly related to and associated with the condition that led to your WAS, and must be printed on official stationery and include the provider's printed name, contact information, and signature.
3. Describe the steps that you have taken to address the factors that led to your WAS identified in #2 and how your current circumstances will allow for successful completion of your degree.

Part III. Planning your return to your studies

1. If you have any Incomplete grades (“I”) on your record, please provide an explanation for each Incomplete course (Why were you awarded an Incomplete? Do you plan to complete the course?).
 - a. If you plan to complete any Incomplete courses, submit with your petition a completion timeline for each course, including the course number and original semester of enrollment, signed by the instructor or the departmental Director of Undergraduate Studies if the instructor is no longer at IU.
2. Do you plan to work during the semester if your petition is approved?
No
Yes; I will be working at _____ for a total of _____ hours per week.
3. Using your Academic Advisement Report (available in the Student Center in One.IU), enter *all* of the remaining requirements for your degree into the form on the following pages to develop a semester-by-semester degree completion map. **Review the information with your academic advisor** to ensure your plan is both accurate and reasonable.
4. Provide any additional information or explain any concerns you may have related to your petition that you would like the Academic Retention Committee to consider.

Signature

My signature below indicates that the information contained herein, to the best of my knowledge, is true, complete, and accurate.

Signature _____ Date _____

Return this form along with your statement(s) and supporting documentation to:

College of Arts + Sciences Undergraduate Office of Academic Affairs
coasaado@indiana.edu
Telephone: 812-855-1647; Fax 812-855-2060

Office use only

Approved Denied Resumption semester _____

Signature _____ Date _____

Notes:

Course Sequence Map

(Part III)

Using your Academic Advisement Report (available in the Student Center in One.IU), enter all of the remaining requirements for your degree into the form on the following pages to develop a semester-by-semester degree completion map. **Review the information with your academic advisor** to ensure your plan is both accurate and reasonable. Attach additional pages if necessary.

- List the courses (department name and number [e.g., PSY-P101]) you plan to take each semester in the order you need to take them. (Do not forget prerequisites and course(s) you may need to repeat.)
- Indicate next to each course you list what requirement(s) the course fulfills (Culture Studies, A&H, S&H, N&M, MATH, COLL elective, etc.). Don't forget about 300/400-level requirements and General Education requirements (if required).
- For the first semester, confirm that the course is being offered and list the number of open seats at the time you submit the form.
- **Example:** THTR-T 370 | CASE A&H, CASE GCC, 300/400-level | 3 credits | | 37 open seats

Semester _____ Year _____ Total credit hours this semester _____

Course	Requirements fulfilled	Credit hours	Offered?	Open seats
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____

Semester _____ Year _____ Total credit hours this semester _____

Course	Requirements fulfilled	Credit hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Semester _____ Year _____ Total credit hours this semester _____

Course	Requirements fulfilled	Credit hours
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_____	_____	_____
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_____	_____	_____

Semester _____ Year _____ Total credit hours this semester _____

Course	Requirements fulfilled	Credit hours
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_____	_____	_____

Semester _____ Year _____ Total credit hours this semester _____

Course	Requirements fulfilled	Credit hours
_____	_____	_____
_____	_____	_____
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