Northeastern ILLINOIS UNIVERSITY

Student Billing/Late Withdrawal Petition

Use this form to petition to have your bill adjusted, or to request a late withdrawal ("W") grade due to extenuating circumstances (i.e. serious illness, hospitalization, death in the family, etc.). Submission of this form does not guarantee that your request will be approved. Complete steps 1-8 below.

1) Provide the following information

NEIU # ID:	**Date:**
Last Name:	**First Name:**
Address:	
City:	**State:** / **Zip:**
NEIU email:	**Phone Number:**
Major/Intended Major:	

□ Yes, this is my new address and phone number. Please update my NEIU records.

2) For what semester/term are you petitioning?
□ Fall 20_____
□ Spring 20_____
□ Summer: Full 20_____
□ Summer: First Half 20_____
□ Summer: Second Half 20 _____

3) Are you requesting:
□ Adjustment to your bill?
□ Late withdrawal ("W") grade?
□ **Both** an adjustment to your bill **and** a late withdrawal ("W") grade?

4) Initial each box to acknowledge you have read the below information

_____ Requests are considered for extenuating circumstances beyond your control (e.g. serious illness, hospitalization, death in family, etc.). Documentation supporting the request must accompany the Student Billing/Late Withdrawal petition.

_____ Petitions for semesters older than one academic year will not be considered.

_____ An incomplete petition will not be reviewed.

_____ Recipients of financial aid, or veterans educational benefits, must speak with a financial aid counselor or veterans services counselor before submitting the petition. Often, a "W" grade or a bill adjustment are not in your best interest from a financial aid/veterans benefits perspective.

_____ Requests to completely remove classes from your transcript will not be considered.

_____ Requests for a "W" grade made only to avoid receiving a failing grade will not be approved.

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Initial each box to acknowledge you have read the below information (*cont'd*)

_____ Requests for "W" grades are typically for all classes in a semester, not just one course. Any exception to this must be documented and explained in the petition.

_____ Typically, only one petition during your academic career at Northeastern will be considered.

_____ The Student Billing/Late Withdrawal Committee may contact your advisor, instructor(s), appropriate university offices, others, etc. regarding your petition.

_____ If the Committee requests additional information but that information is not received, the petition will be administratively closed 60 calendar days after the date of the request.

_____ A decision may take 4-6 weeks, and is final.

5) Provide documentation regarding your extenuating circumstance (e.g. hospitalization, serious illness, death in family)

- Submit a letter (on letterhead) from your physician which includes specific dates of illness or hospitalization. Submit only the minimum amount of medical documentation necessary to support the petition (e.g. explanatory letter from medical provider instead of your medical records).
- If the petition is due to a death in your family, submit a death certificate, obituary, or funeral/memorial program.
- For a late withdrawal request, ask that each instructor provide you an email/letter with the date that you last attended the class. Have your instructor include your name, student ID number, and course information.
- If others at NEIU (i.e. your advisor, department chair, etc.) have information pertinent to your situation, request a statement from them.

6) Attach a typewritten statement thoroughly explaining your situation. **Make sure to sign and date your statement.**

7) Submit your materials (the 2-page petition form, your written statement, and <u>ALL</u> documentation including emails, memos, letters, etc.) together as <u>ONE</u> packet to the address below. You also may scan and email your materials as <u>ONE</u> electronic PDF file to the email address below. An incomplete petition will not be reviewed.

Student Billing/Late Withdrawal Committee
c/o Student Payment Services Office
5500 N. St. Louis Ave
Chicago, IL 60625
sblwc@neiu.edu

8) I attest that all of the information that I have provided as part of this petition is accurate and factual.

_____   _____
                         Signature   Date

If there are any questions, you may email the Student Billing/Late Withdrawal Committee at sblwc@neiu.edu.

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