NORTHEASTERN UNIVERSITY IN QATAR

RETROACTIVE WITHDRAWAL PETITION

NAME: __________________________________________ STUDENT ID# __________________________
PHONE: ___________________ EMAIL: __________________________________________________________
MAJOR: __________________________
SEMESTER: ________________ YEAR: __________
SEMESTER: ________________ YEAR: __________
REASON FOR RETROACTIVE WITHDRAWAL REQUEST (BE SPECIFIC):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
ACADEMIC ADVISOR’S SIGNATURE: ___________________________ DATE: __________

ASSOCIATE DEAN USE:
PETITION APPROVED TO: _______ Retroactive withdraw from semester(s).
PETITION DENIED TO: _______ Retroactive withdraw from semester(s).
ASSOCIATE DEAN’S SIGNATURE: ___________________________ DATE: __________

FINANCIAL AID USE:
RECEIVED DATE: ______________ SIGNATURE: ____________________________________________

NU-Q STUDENT RECORDS USE:
RECEIVED DATE: ______________ SIGNATURE: ____________________________________________
PROCESSED DATE: ______________ SIGNATURE: ____________________________________________

PLEASE RETURN COMPLETED FORM TO NU-Q STUDENT RECORDS OFFICE,
CMU-Q BUILDING, ROOM 3091