Retroactive Withdrawal (RW) Application Questionnaire (UGME)

Purpose:

This questionnaire helps you explain your circumstances clearly and assess whether they meet the criteria for a Retroactive Withdrawal. Please answer all questions truthfully and as completely as possible. Brief, factual responses are preferred.

1. Full Name	
2. UGME Year	
3. Course/Clerkship Name(s)	
4. Term(s) affected (dates) for RW	
5. Date you became aware of the failing grades	
6. Which of the following best describes your circumstances during the relevant period? (Select all that apply)	☐Serious physical illness ☐ Mental health emergency or acute distress ☐ Hospitalization ☐ Significant personal crisis (e.g. bereavement, trauma) ☐ UGME administrative or procedural error ☐ Other (please describe):
7. Describe the circumstances in your own words. *(Focus on what happened without sharing confidential information)*	

RETROACTIVE WITHDRAWAL APPLICATION QUESTIONNAIRE

UGME

8. When did these circumstances begin?	
9. When did they resolve or improve?	
10. Did the circumstances overlap with:	☐ Course delivery ☐ Assessment period ☐ Withdrawal deadline ☐ Communication from UGME about academic standing
11. During the relevant period, were you able to:	
11.1. Understanding academic requirements and deadlines?	☐ Yes ☐ No
11.2. Communicate with UGME or course leadership?	☐ Yes ☐ No
11.3. Seek help or guidance?	☐ Yes ☐ No
11.4. Initiate a withdrawal before the deadline?	☐ Yes ☐ No
11.5. If you answered "No" to any question above, explain **how your capacity was impaired** and why you were not reasonably able to act.	
12. Did anyone from OSA or AST advise you to withdraw during this period?	☐ Yes ☐ No
12.1. If yes, explain what prevented you from doing so;	

13. Did you attempt to access any of the following supports during the relevant period? (Select all that apply)	☐ UGME administration ☐ Office of Student Affairs (OSA) ☐ Faculty advisor ☐ Wellness or mental health services ☐ Other supports ☐ No supports accessed
13.1. If supports were not accessed or declined, explain why.	
14. Do you believe a UGME administrative or procedural error contributed to your inability to withdraw on time?	☐ Yes ☐ No
14.1. If yes, describe the error and how it prevented timely withdrawal.	
15. When did you first feel capable of submitting this request?	
16. If there was a delay in applying, explain; 16.1. What prevented earlier submission:	

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16.2. Why is the request being submitted now:	
17. Have you submitted supporting documentation directly to the Office of Student Affairs (OSA)? *Note: A diagnosis alone is not sufficient. Documentation must address functional impairment.*	☐ Yes ☐ No
17.1. Does your documentation describe	
17.1.1. Nature of the circumstances	☐ Yes ☐ No
17.1.2. Timing and duration	☐ Yes ☐ No
17.1.3. Functional impact on your ability to act	☐ Yes ☐ No
18. I confirm that the information provided is accurate to the best of my knowledge. ☐ Yes	
19. I understand that Retroactive Withdrawal is an exceptional remedy reserved for situations where I was **unable**, not unwilling, to act. ☐ Yes	

Student Signature: _____

Date: _____

Examples of functional impairment:

During the relevant period, my medical condition remained undiagnosed despite undergoing medical testing. During this time, I was not functioning at my usual level.

- Remembering new information, even after studying several times.
- Inability to focus for long periods or complete tasks once started.
- Mentally overwhelmed and unable to choose the next steps.
- struggling to plan work or manage time effectively.
- low physical energy
- Difficulty sleeping or waking up