

****UNDERGRADUATE STUDENTS ONLY****



WITHDRAWAL PETITION FOR EXTENUATING CIRCUMSTANCES

Courses withdrawn through this form will NOT count toward 28-Unit Limit

Advising & Academic Services - Undergraduate Studies - University Hall, Room 380 - (909) 537-5034 – csusb.edu/advising

Name _____

Address _____ Phone _____

City/State _____ Zip Code _____ Coyote ID _____

Major _____ Coyote E-Mail _____

Supporting documentation must be attached for all requests for withdrawal from courses.*

Documents must be no more than 2 pages with proper signatures. If you are a Financial Aid recipient and if the petition is approved, funds may have to be returned for the term in question if courses are withdrawn. Contact the Office of Financial Aid & Scholarships **BEFORE** you submit this petition. Partial withdrawal will require additional explanation.

I HEREBY PETITION TO WITHDRAW DUE TO **EXTENUATING CIRCUMSTANCES** FROM: [Check Boxes Below]

DURING THE TERM *OR* **RETROACTIVELY WITHDRAW AFTER THE TERM**

ALL COURSES *OR* **PARTIAL COURSES**

Term: _____ Yr: _____

Term: _____ Yr: _____

1st Course: _____ 2nd Course: _____

3rd Course: _____ 4th Course: _____

student initials I have considered the possibility of getting an incomplete (I) grade, however, I have determined, with or without the instructor's assistance, that an "I" would not be possible.

Student's Reason for the Above Request: **Note: If additional room is needed to type the reason for your request, please type it in a Word document and attach it in the email along with your supporting documentation.**

Student Signature _____

Date _____

Approved

Disapproved - Reason:

Director Signature, Advising & Academic Services

Date _____

DWW WE
DWOR W
DWD
(For Office Use Only)

***NOTE:** Supporting documents that are not acceptable: bills, invoices, medications, insurance claims, travel tickets, accident reports, letters from family, death certificates or funeral programs **NOT** occurring during the quarter in question.