

Student Withdrawal Petition for Extenuating Circumstances (Weeks thirteen through the last day of instruction)

Instructions:

- 1. Fill out the attached form and include supporting documentation.
- 2. Submit the form to your graduate coordinator for review and signature. If submitting confidential documentation (doctor's letter, etc.), we suggest completing the request via AdobeSign.
- 3. Once the form is signed by your program coordinator, send the form to gradstud@csusb.edu.
- 4. Once your request has been reviewed by the Graduate Studies office, you will receive an email and a copy of the form via Adobe Sign. You may download the form for your records. The form will automatically be sent to the Office of the Registrar for final processing.

If you have any questions about this form, please call (909) 537-5058 or email gradstud@csusb.edu.

California State University, San Bernardino (CSUSB) Postbaccalaureate Student Withdrawal Petition for Extenuating Circumstances (Weeks thirteen through the last day of instruction)

Name	Date	e	
Street Address		ephone	
City, State, Zip		rote ID#	
Campus Email			
My progr	ram is:		
If you are a financial Aid recipient and if courses are withdrawn. We recommend By signing this form I confirm that I ha	ployment-related reasons are not if the petition is approved, funds d that you consult with the Office submitting this petition	Is may have to be returned for the term in question the of Financial Aid & Scholarships Office BEFORE on. With my instructor(s) and it was determined that an	
Term:	* /	Course(s) to be withdrawn: Course: Course:	
	Course:		
Year:	Course:		
Reason for the request (If more space i	s needed please attach additional	Il information along with supporting documentation):	
	Stuc	ident's Signature	
Program Certification			
	Gra	aduate Program Coordinator's Signature	
	Associate D	Dean of Graduate Studies Signature Date	