



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

Instructions:

1. Fill out the attached form and include any necessary documentation.
2. Submit the form to your graduate coordinator for review and signature. If submitting confidential documentation (doctor's letter, etc.), work with your coordinator to determine how you should send the information to them securely.
3. Once the form is signed by your program coordinator, send the form to gradstud@csusb.edu. If you are submitting confidential documents **do not** send them via email. Use our [secure folder](#) to submit your request and attached supporting documents.
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 _____
Street Address _____ Telephone _____
City, State, Zip _____ Coyote ID# _____
Campus Email _____

My program is: _____

Supporting medical, psychological or military documentation must be included with this request.

Employment-related reasons are not acceptable.

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Aid recipient and if the petition is approved, funds may have to be returned for the term in question if courses are withdrawn. We recommend that you consult with the Office of Financial Aid & Scholarships Office **BEFORE** submitting this petition.

By signing this form I confirm that I have discussed the above actions with my instructor(s) and it was determined that an Incomplete ("I") grade would not be possible.

Term: _____	Course(s) to be withdrawn:	
	Course: _____	Course: _____
	Course: _____	Course: _____
Year: _____	Course: _____	Course: _____

Reason for the request (If more space is needed please attach additional information along with supporting documentation):

Student's Signature

Program Certification

Graduate Program Coordinator's Signature

Dean of Graduate Studies Signature

Date