



PETITION FOR EXCUSED WITHDRAWAL

Purpose of Petition: To request academic excused withdrawal for circumstances reasonably beyond the control of the student that caused them/him/her to be unable to attend classes or complete the semester/term. Circumstances include, but are not limited to: 1) medical emergency, (including 4) accident, serious illness, or non-elective surgery for self or member of the immediate family 2) personal emergency or hardship situation (such as assault of domestic violence, loss of job or job transfer, family or child-care dependency crisis, and/or death of an immediate family member) 3) involuntary call to active duty or military transfer.

Supporting Documentation: Requests for excused withdrawals MUST be accompanied by supporting documentation substantiating the student's extenuating circumstances, including pertinent dates and times. Examples of supporting documentation include: Letter from physician, court documents, death certificate, etc.

Note: *It is recommended that students visit with a counselor to discuss alternative options to an Excused Withdrawal to be sure that this choice is the best course of action for the student's academic career.*

Please print legibly

Date: _____ Student ID Number: _____

Student's Name: _____

Daytime Phone: _____ Email Address: _____

Please provide a brief, but detailed explanation of the nature of your request in the space provided below and specify the semester and year in which your situation occurred, including if this request is for all courses or specific courses. (You may attach additional information pages if needed)

EXPLANATION (Include a brief, but detailed summary below to explain the circumstances and provide supporting documentation with this Petition)

I am requesting Excused Withdrawals for all courses taken in the _____ Semester.
Spring/Summer/Fall/Year (ex: Spring 2018)

I am requesting Excused Withdrawals for the following courses(s) **only**.

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Course _____ Semester/Year _____

Petitions are to be submitted to the Vice-President of Student Services Office for review. Students will be notified of the outcome by email within 10 business days.

By signing this form, I give my consent for any supporting documentation that I provide, associated with this request, to be reviewed by authorized personnel for processing this Petition for an Excused Withdrawal.

Signature of Student: _____ Date: _____

For Office Use Only:

Date Received:	Approved / Denied	Authorized Signature:	Brief Explanation:
	Date:		

Distribution: Original: VPSS Office Submitted Copy: Student Approved Copy: District Student Services Office

Back of Petition

Business Process:

1. Student must complete and file petition in the Vice President, Student Services Office on campus
2. Supporting documentation must be attached for petition to be considered for review.
3. The Vice President of Student Services should consult with the Title IX Coordinator or their DSPS Coordinator prior to denying a petition that is based upon disability or Title IX-related rationale.
- ~~3.4. _____ The student will be notified of the decision of the Vice President of Student Services, or their designee, within 10 business days of submission of the petition. Once a decision is made by the Vice President of Student Services, student will be notified within 10 business days of the outcome of the petition.~~
- 4.5. _____ Staff should record the outcome of the petition in Campus Solutions under student notes.
- 5.6. _____ A copy of the APPROVED petition will be sent to District Student Services via FAX or Scan for adjustment to the student record.