

EXTENUATING CIRCUMSTANCE WITHDRAWAL PETITION

This form is to be used under extenuating circumstances that are beyond the control of the student. Requests are subject to review for approval or denial. Evidence and/or supporting documentation must be included with this petition to verify the circumstance that supports your request. A detailed letter may be included to explain the circumstance, but will not count as supporting documentation or evidence. Petitions without supporting documentation will be denied. Please review the fields below to determine which request applies to you and follow all directions carefully.

STUDENT INFORMATION

W

Last Name, First Name, Middle Initial

Student ID #

WITHDRAWAL FROM CLASS AFTER THE 12TH INSTRUCTIONAL WEEK

Class withdrawal after the twelfth week of instruction is permitted only on the grounds of verified extenuating circumstances (accident, illness, or other matters beyond the control of the student). A “W” will be granted only if the petition is approved and the class instructor verifies that the student is maintaining a passing grade of “D” or better (grade “P” in P/NP courses). This form must be filled out in ink, with all fields within this section complete, and with supporting evidence/documentation included before this petition will be accepted for review.

INSTRUCTIONS: (1) Provide your COMPLETED petition to your instructor. (2) The instructor then indicates the letter grade you earned as of the last date you attended class and completes the “Instructor Agreement” section at the bottom of this petition (**Admissions & Records will verify this grade with the instructor**). (3) Return this completed petition with **appropriate documentation** to the Admissions & Records Office.
More information about this process may be found in the current College Catalog

I petition to withdraw, on the grounds of extenuating circumstances, from the following course:

Summer | Fall | Spring 20_____ CRN: _____ Subject: _____ Number: _____ Section: _____

The extenuating circumstance, beyond my control and which prohibits my continued attendance in the class listed above, is due to an:

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Acute medical problem
<input type="checkbox"/> Acute personal or family problem
<input type="checkbox"/> Employment-related problem | <input type="checkbox"/> Other: _____
_____ | My absence from this class, due to the extenuating circumstance, began on (indicate exact date):
_____ / _____ / _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

Reference: _____ Phone #: _____
Name and Title/Position

OTHER EXTENUATING CIRCUMSTANCE

This form must be filled out in ink. You must indicate the extenuating circumstance on this petition and include appropriate evidence/documentation substantiating the extenuating circumstance. Return this completed petition with **appropriate documentation** to the Admissions & Records Office.

I am petitioning for the reason indicated below, based on an extenuating circumstance that was beyond my control:

- | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| <input type="checkbox"/> Academic Renewal
<input type="checkbox"/> Fees/tuition/payment-related | <input type="checkbox"/> Other: _____
_____ | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------|--|

STUDENT AGREEMENT

By signing below, I certify that the information given on, and included with, this petition is truthful and accurate.

Student Signature: _____ Date: _____

INSTRUCTOR AGREEMENT

Please indicate the grade the student was receiving at the time the extenuating circumstance began: _____

Instructor Name: _____ Instructor Signature: _____ Date: _____

IMPORTANT NOTICES

IMPORTANT: This petition is to be used for withdrawal from class(es) after 75% of class meetings for the term due to extenuating circumstances as defined in Title 5, Section 55024 (a)(2).

Extenuating Circumstance for the purposes of Education Code Section 11475.5: “Extenuating circumstances are verified cases of accidents, illness, other circumstances beyond the control of the student, and other conditions, defined by the local governing board and published in college regulations.”

“W” Withdraw Policy: After 75% of class meetings, a student must “Petition to Withdraw” on the grounds of extenuating circumstances. A “W” will be awarded only if the petition is approved and the class instructor verifies that the student is maintaining a passing grade of “C” or better (grade “CR” or “P” in CR/NC or P/NP courses). A student unable to maintain a passing grade or unable to verify the extenuating circumstance will be assigned a grade of “F.”

ADMISSIONS & RECORDS OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____ Date: _____ <i>Dean of Enrollment Services</i>	<input type="checkbox"/> ECRL Done by: _____ <input type="checkbox"/> ECAL Date: _____ <input type="checkbox"/> ECDL
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