CAL POLY
OFFICE OF ACADEMIC RECORDS

COURSE WITHDRAWAL PETITION

Valid after the drop period through the last day of the 7th Week for serious and compelling reasons. Must be submitted to the Office of Academic Records, 01-222.

Circle Term: FALL WINTER SPRING SUMMER YEAR: 20 _____ MAJOR: _____

STUDENT NAME: _____ PHONE #: _____
PRINT Last First Middle Initial

STUDENT ID NUMBER: | | | | | | | | | | | EMAIL: _____

Do you receive Veteran's Benefits? _____

ATTENTION FINANCIAL AID RECIPIENTS

You must inform the Financial Aid Office when you withdraw from any course.

	Course	*Number*	*Section*
SAMPLE	*ENGL*	*0114*	*01*

After the drop deadline a course withdrawal may be requested ***ONLY*** for serious and compelling reasons, such as those emanating from medical, financial or personal problems. It should be emphasized that poor grades, irregular attendance, or dissatisfaction with the course or instructor are not in themselves sufficient reasons to withdraw after the drop deadline.

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Instructions to the Student:

1. **Complete Section 1 listing the serious and compelling reason(s) for this withdrawal request. Incomplete forms will be returned to the student unprocessed.**
2. **Obtain the signatures for all Sections on back of this form.**
3. **Deliver this form to the Department offering the course. If approved, the form will be signed by the Department Chair and may be forwarded to the Office of Academic Records (OAR). If denied, the Department offering the course will notify the student.**

Section 1 of 4. SERIOUS AND COMPELLING REASON(S) FOR WITHDRAWAL (*REQUIRED*):
Additional documentation may be attached. In cases of extreme confidentiality, a sealed documentation may be provided to the Department Chair.

_____

_____

I understand that if approved, I will receive a "W" grade for this course on my transcript. Please contact Student Accounts for refund information at 805-756-1428 or visit them in the Administration Bldg. 01 – Room 211.

➢ _____ _____
Student Signature Date

REVERSE SIDE MUST BE COMPLETED AND ALL SIGNATURES ARE REQUIRED.

PROCESSED BY: _____ DATE_____

Section 2 of 4. COURSE INSTRUCTOR (*REQUIRED*):

I acknowledge this withdrawal request.

Printed Name	Instructor Signature	Date

PLEASE COMMENT ON THIS STUDENT'S PERFORMANCE & ATTENDANCE IN THIS CLASS *(REQUIRED)*:

Section 3 of 4. STUDENT'S ADVISOR OR CHAIR OF MAJOR DEPARTMENT *(REQUIRED)*:

I acknowledge this withdrawal request.

Printed Name	Advisor Signature	Date

ADVISOR'S COMMENTS:

Section 4 of 4. DEPARTMENT CHAIR/DESIGNEE OF DEPARTMENT OFFERING THE COURSE, APPROVAL/DENIAL (*REQUIRED*):

DEPARTMENT CHAIR /DESIGNEE COMMENTS:

Attach additional documentation, if possible.

My approval certifies that the student's reason(s) for this withdrawal are serious and compelling.

CHECK ONE ☐ WITHDRAWAL APPROVED ☐ WITHDRAWAL DENIED

Printed Name	Department Chair/Designee Signature (Department offering the course)	Date