



STUDENT'S PETITION FOR EXCUSED WITHDRAWAL

A student may petition for consideration of an Excused Withdrawal (EW) from a course(s) due to specific events beyond the control of the student affecting their ability to complete a course(s) based on extenuating circumstances and with submitted verifiable documentation. (EW) shall not be counted in progress probation or dismissal calculations nor shall it be counted towards the permitted number of withdrawals or counted as an enrollment attempt. **EW requests will only be accepted for courses that were completed within the previous calendar year (BP/AP 4231).** Submitted petitions that are incomplete or absent of official supporting documentation will be denied. Although petitions may be reviewed sooner, please allow up to 4-6 weeks for your petition to be processed. **Students applying for an EW will not be eligible for a refund.**

Student Name:
Mailing Address:

Date:

Student ID#: K

Phone:

Section 1: Course Information

Fall 20__

Spring 20__

Summer I 20__

Summer II __

Course Title (example: Math 117)

CRN (Example: 47523)

Last date you attended the course (example: 10/8/2020)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 2: Justification for Request (please check)

- | | | |
|---|---|--|
| <input type="checkbox"/> Job transfer outside of the Santa Barbara Region | <input type="checkbox"/> The student is the subject of an immigration action | <input type="checkbox"/> Impacted by COVID 19 Pandemic |
| <input type="checkbox"/> Illness in the family where the student is the primary caregiver | <input type="checkbox"/> Death of an immediate family member | <input type="checkbox"/> Other reason beyond the student's control (must include explanation in an attached personal statement AND verifiable documentation of extenuating circumstances) |
| <input type="checkbox"/> An incarcerated student in a CA State Prison or County Jail is released from custody or involuntarily transferred before the end of semester | <input type="checkbox"/> Chronic or acute illness | |
| | <input type="checkbox"/> Verifiable accidents / Natural disaster directly affecting the student | |

Please provide a written explanation that may help the reviewing committee understand how one of the above check circumstances contributed to your inability to complete your course(s).

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Section 3: Supporting Documentation and Certification (Please check each box confirming the requirements to submit this petition)

- ☐ I have attached verifiable medical, legal, or other appropriate documentation, dated for the term in question, that supports the claim that completion of the course is impossible due to reasons beyond my control.
- ☐ I have attached my personal statement explaining my request
- ☐ I understand that I should consult the financial aid office regarding the impact an Excused Withdrawal may have on my financial aid, depending on my circumstance, prior to submitting this request.

By signing below, I have read and agree to the requirements of this petition. I certify that all information provided is accurate and complete to the best of my knowledge and any false information will be cause for denial.

Student Signature:

OFFICE USE ONLY: __ Approved __ Denied Comments:
Date: Reviewed by: