

Admissions and Records Office

EXCUSED WITHDRAWAL REQUEST

COVID-19 – Declared State of Emergency

The Excused Withdrawal shall not be counted in progress probation or dismissal calculations, nor shall it be counted towards the permitted number of withdrawals nor as an enrollment attempt. [Title 5, section 55024(e)]. In accordance with District policy, this petition must be submitted within two years of the term of enrollment in the course(s) to be excused.

CAUTION: If you are a financial aid recipient, you may have to repay financial aid funds if your petition is approved. **Check with your financial aid representative before submitting this petition. **

PLEASE PRINT ALL INFORMATION CLEARLY

STUDENT

| Student Name – Last, First, M.I. | Student ID # |
|------------------------------------|--------------|
| | |
| Address – Street, City, State, Zip | |
| Email | Phone |

COURSE(ES)

| Course Title: Example: MAT 110 | Section Number: #02 | Semester/Year: Fall 2018 | Last Date of Attendance: 11/3/2018 | Instructor Name (print): B. Jones | |
|-----------------------------------|---------------------------|-----------------------------|--|--------------------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DOCUMENTATION-WAIVED-COVID-19 crisis

Please attach:

A. A typed statement that describes your extenuating circumstances and explains why you need to withdraw from class(es). Acceptable circumstances include: job transfer outside the area, immigration action, death of immediate family member, release or involuntary transfer of an incarcerated student before the end of the term, chronic or acute illness, verifiable accident, natural disasters directly affecting the student.

B.—Supporting documentation, which may include such items as medical documents, death certificates, newspaper articles, funeral programs, statements from professionals on letterhead stationery, etc.

| am requesting to withdraw from | this/these class(es |) due to hardship | os caused by | / COVID-19 crises. |
|--------------------------------|---------------------|-------------------|--------------|--------------------|
| | | | | |

Student's Signature:

Date:

Submit completed form to Admissions & Records Office for processing.