

## 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's 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 3-4 weeks for your petition to be processed. **Students applying for an EW will not be eligible for a refund.** 

Student Name: Email Address:			Student ID#: K		F	Phone:	
Section	1: Course Information Fall	20	Spring 20		Summer I 20_	Summe	r II 20
Course Title (Example: Math 117)		CRN (Example: 47523) Last da		Last date yo	te you attended the course (Example:		: 10/8/2023)
				-			-
				_			_
Section	2: Justification for Request (plea	ase check)					-
	Job transfer outside of the Santa		The student is	the subject of a	an	□ Impacted by	COVID 19 Pandemic
	Barbara Region		immigration a				beyond the student's
	Illness in the family where the			nmediate family	/	•	include explanation in
	student is the primary caregiver		member				personal statement
	An incarcerated student in a CA		Chronic or acu			AND verifiabl	e documentation of
	State Prison or County Jail is			dents / Natural		extenuating o	circumstances)
	released from custody or		disaster direct	ly affecting the			
	involuntarily transferred before the	2	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).

## 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:

end of semester

Date:

Submit in person at Admissions & Records, 721 Cliff Dr, Santa Barbara, CA 93109 or electronically via Sharefile.

OFFICE USE	ONLY:	Approved	Denied	Comments:
Date:	Rev	iewed by:		