



OFFICE OF ADMISSIONS & RECORDS

50 Frida Kahlo Way • Multi-Use Building, Room 188 • San Francisco, CA 94112 • (415) 452-5101 • FAX (415) 239-3936

Petition for Late Withdrawal

FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED.
PETITION REQUESTS MUST INCLUDE ALL SUPPORTING DOCUMENTATION.

Student Name (print) Last First MI			Student I.D #	Date of Birth
Home Phone		Cell Phone	Address	
Email		City	State	Zip

IMPORTANT NOTICE

If you are a **Financial Aid/FREE CITY** recipient, you may have to repay your award.
You are required to meet with a financial aid counselor before signing this petition.

Check Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____				
<table border="0"> <tr> <td style="text-align: center;">CRN#</td> <td style="text-align: center;">SUBJECT / COURSE #</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>	CRN#	SUBJECT / COURSE #	<input type="text"/>	<input type="text"/>
CRN#	SUBJECT / COURSE #			
<input type="text"/>	<input type="text"/>			

Reason for Late Withdrawal				
(Check one and attach letter and verifiable documentation)				
Accident	Health	Jury Duty	Work Conflict	Incarceration
Extended Litigation	Military Service	Family Emergency	Institutional Error	
Student's Signature: _____			Date: _____	

Submit petition to Office of Admissions & Records, Multi-Use Building, Room 188

Completed by Dean/Associate Dean of Admissions & Records		
<input type="checkbox"/> Approved (Meets Title 5 Regulations)	<input type="checkbox"/> Denied (Insufficient Documentation)	<input type="checkbox"/> Denied (Per Title 5 Regulations)
If approved, forward to instructor		
Comments: _____		_____
Signature: _____		Date: _____

Completed by Instructor of Record				
_____	_____	_____	_____	_____
Instructor (Print name clearly)	Signature	Date	Phone #	Mailbox
Check One: () Instructor Initiated () <i>Approved</i> () <i>Denied</i>				

Return to Admissions & Records, Multi-Use Building, Room 188 for processing

Received by: _____ Date: _____ Processed by: _____ Date: _____



How and Why to Petition for Late Withdrawal

Students seeking late withdrawals after the established withdrawal deadline must request the late withdrawal within **two (2) calendar years** of the last day of the semester in which the student was enrolled in the course.

Late withdrawals are only permitted if the request is due to extenuating circumstances which are "verified cases of accidents, illnesses or other circumstances beyond the control of the student" (Title 5, 55024(a)(2)) that occurred between the last day for an official student- or instructor-initiated withdrawal and the final examination for the course.

Students incurring extraordinary hardships that prevent a request within the time frame of two (2) calendar years may file with the Admissions and Records Office a Petition for Waiving College Regulations.

A Late Withdrawal petition will only be processed when a written statement and verifiable documentation are provided for extenuating circumstances.

Extenuating circumstances are defined as:

- Accident
- Jury Duty
- Incarceration
- Military Service
- Institutional Error
- Health
- Work Conflict
- Extended Litigation
- Family Emergency

NOTE: A LATE WITHDRAWAL WILL NOT BE AUTHORIZED WITHOUT THE INSTRUCTORS'S APPROVAL

If the instructor does not approve, the request is denied. If the instructor has left the College, the decision will be made by the Department Chair or designee.

1. Print and fill out copy of Petition for Late Withdrawal. Forms are also available from the Office of Admissions and Records, Multi-Use Building, 188.
2. Provide written statement **and** verifiable documentation to the Office of Admissions and Records.
3. Provide a copy of "no holds" to the Office of Admissions and Records.
4. Complete the petition and return all forms to the Office of Admissions and Records for processing.

For questions or special needs

Phone: (415) 452-5101 Fax: (415) 239-3936
Email: admit@ccsf.edu