



**Admissions & Records Office**

Building 700, First Floor  
25555 Hesperian Blvd.  
Hayward, CA 94545

**Admissions & Records Office**

Building 1600, Second Floor  
3000 Campus Hill Drive  
Livermore, CA 94551



**EXCUSED WITHDRAWAL PETITION**

This form is to be used in the event that a student wishes to drop one or more courses on the grounds of an extenuating circumstance that prohibited them from dropping these courses or continuing attendance. Extenuating circumstances are verified cases of accidents, illness, other circumstances beyond the control of the student, and other conditions, defined by the local governing board and published in college regulations. Examples of extenuating circumstances may be found at the bottom of this petition. If the petition is approved, an indication of "EW" shall be applied to all approved courses as a grade. **Supporting documentation must be included with this petition to verify the extenuating circumstance. Petitions without supporting documentation will be denied.** A letter of explanation may be included with this petition but will not be considered as supporting documentation.

**INSTRUCTIONS:**

- (1) Complete this petition in blue or black ink
- (2) Attach all relevant supporting documentation
- (3) Submit to the Admissions & Records Office. You will be notified via your college Zonemail account in approximately 10-14 business days.

**STUDENT INFORMATION**

W

Last Name, First Name, Middle Initial

Student ID #

**REQUEST FOR EXCUSED WITHDRAWAL**

I petition for an Excused Withdrawal, on the grounds of extenuating circumstances, from the following course(s):

Term:  Summer |  Fall |  Spring    Year: \_\_\_\_\_

CRN	Subject	Number	Course Type
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person   <input type="checkbox"/> Online   <input type="checkbox"/> Hybrid

The extenuating circumstance, beyond my control and which prohibits/prohibited my continued attendance in the course(s) listed above, is due to:

- Job transfer outside geographic region
- Illness in the family where I am primary caregiver
- I am an incarcerated student in CA prison or jail and was released or transferred before the end of term
- I am the subject of an immigration action
- Death of an immediate family member
- Chronic or acute illness
- Verifiable accident
- Natural disaster that directly affected me
- Other: \_\_\_\_\_

My absence from the above course(s) began on (indicate exact date):  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reference: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name and Title/Position

**STUDENT AGREEMENT**

By signing below, I certify that the information given on, and included with, this petition is truthful and accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTICES**

**Acceptable circumstances include, but are not limited to, the following:** Job transfer outside the geographical region; illness in the family where the student is the primary caregiver; incarcerated student in a California State Prison or County Jail is released from custody or involuntarily transferred before the end of the term; the student is the subject of an immigration action; death of an immediate family member; chronic or acute illness; verifiable accidents; or natural disasters directly affecting the student.

**ADMISSIONS & RECORDS OFFICE USE ONLY**

Approved    Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Denied    A&R Administrator or Designee

EWRL/C    Done by: \_\_\_\_\_  
 EWAL/C  
 EWDL/C    Date: \_\_\_\_\_