

**Purpose:** This petition is used to withdraw from a class if there was an extenuating circumstance and/or events beyond your control affecting your ability to complete the class.

- Excused Withdrawal (EW): may be requested if student experiences extenuating circumstances. EW's will not be counted toward the permitted number of attempts, nor will it affect your GPA.

**Important:** If you are seeking a withdrawal for courses prior to Fall 2018 or for withdrawal due to military orders, please contact the Records Office for further guidance.

## Additional Information:

- Financial Aid Students: Receiving an EW will directly impact the completion rate portion of your Satisfactory Academic Progress (SAP), since the attempted class was not completed. Students should consult with the Financial Aid Office regarding any potential impact. You can view our full SAP Policy (including COVID-19 impacts) on this link: <https://www.palomar.edu/fa/satisfactory-academic-progress-sap/>
- Military Affiliated Students: Military Affiliated students who are receiving VA education benefits should consult a Veteran's Specialist as withdrawals from courses (even one course) may affect eligibility for benefits.

## Instructions:

- Complete the Petition for Excused Withdrawal & Withdrawal
- Submit along with supporting documentation\* to the Records Office for processing:  
[records@palomar.edu](mailto:records@palomar.edu) | Student Services Center 1140 West Mission Road San Marcos, CA 92069
- **\*Important: supporting documentation is only required if you are submitting a request for a previous semester.**
- Students will be notified via email if their form is denied. Otherwise students should check "Unofficial Transcripts" under [MyPalomar](#) for grade updates. The petition process can take three to four weeks. The process can take longer between semesters (when faculty is not present) and/or until grades are posted.

## Section A: Student Information

<b>A. Student's Name - Last, First, MI</b>		<b>B. Palomar ID Number</b>
<b>C. Telephone</b>	<b>D. E-Mail Address</b>	<b>E. Date of Birth</b>
<b>F. Mailing Address</b>		
<b>G. Check ALL applicable sources of aid:</b>		
<input type="checkbox"/> California College Promise Grant (CCPG)	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Veteran Benefits

## Section B: Course Information

Semester/Year (e.g., Fall/2020)	Course (e.g., MATH 120)	Class # (5-Digits)	Last Date of Attendance	Instructor Name

## Section C: Reasons for Withdrawal (Title §55024 (e)(1))

Mark one (or more) of the approved reasons for an Excused Withdrawal
<input type="checkbox"/> <b>Illness or death of a family member or loved one, hospitalization, personal, family or medical reasons.</b> An example of an appropriate supporting documentation may include medical records, a doctor's note verifying treatment/care, a death certificate, obituary, or funeral program.
<input type="checkbox"/> <b>Employment.</b> An example of an appropriate supporting documentation may include a job transfer outside the geographical region/loss of employment.
<input type="checkbox"/> <b>Immigration.</b> Subject of an immigration action.
<input type="checkbox"/> <b>Incarceration.</b> County, state, or federal documentation is required.
<input type="checkbox"/> <b>COVID-19:</b> Check this box to request EW grade for Covid-19 reason for classes during the Pandemic. Supporting documentation must be included for Financial Aid considerations.
<input type="checkbox"/> Verifiable accidents or natural disasters directly affecting the student.

Student's Name - Last, First, MI	Palomar ID Number

## Section D: Student Documentation and Certification

(Please initial 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 and understand that my statement will be forwarded to the instructor.
- ☐ I understand that the Records Office will forward the statement of extenuating circumstances, and the supporting documentation (if applicable) to the appropriate faculty member for a signature.

**Confidentiality Statement:** You may be providing information that is sensitive in nature. If you choose to release all documentation to the instructor, no efforts will be made to redact or censor the information provided. Instructors have been alerted that the information you provide is confidential and may be used only in determination of an outcome for this petition. Please select ONE of the following choices

- ☐ Submit **ALL** my documentation to the **instructor**.
- ☐ **Retain ALL** of my documentation in the **Records Office**.
- ☐ **Retain some** of my documentation in the **Records Office**:

List documentation to release: \_\_\_\_\_

*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

\_\_\_\_\_  
Date

## Section E: Instructor Review and Decision (Completed ONLY by faculty)

You have been provided with a copy of the student's documentation and letter for the specified semester on a need-to-know basis. The information is confidential and is limited to assisting you in the decision regarding the withdrawal request. The information shall not be used for purposes unrelated to the petition.

**Approved:** ☐ **Denied:** ☐ **REQUIRED:** Last Date of Activity: \_\_\_\_\_

Reason(s):

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*FOR RECORDS OFFICE USE ONLY\*\*\*\*\*

Comments: \_\_\_\_\_

**Approved:** ☐ (Entered in system) (Date & Initials): \_\_\_\_\_ **Denied:** ☐ (Copy sent to student) (Date & Initials): \_\_\_\_\_