



NAME Last Name First Name Middle Initial

Student ID Number

PETITION FOR WITHDRAWAL FROM COURSE OR UNIVERSITY

An approved withdrawal will show as a grade of "W" on transcripts, future class lists, and posted grades. For withdrawal from a course, submit an unofficial transcript. Attach relevant supporting documentation to this form. If more space is needed, attach another sheet. Withdrawal Policy: Beginning Fall 2009, undergraduate students may withdraw from a course a maximum of two times and from no more than 18 semester-units of course work. This does not include total semester withdrawals of all courses or classes taken in CEL (College of Extended Learning). Satisfactory Academic Progress rules require a 67% completion rate (units completed out of units attempted) to receive financial aid. W grades are considered attempted units in this calculation.

For exact deadline dates for a specific semester and more information refer to the following link: <http://www.sfsu.edu/~admisrec/reg/regsched.html> For course information, check your Student Center.

Check the box below for type of withdrawal

<input type="checkbox"/> INDIVIDUAL WITHDRAWAL FROM A COURSE Withdrawal from a course requires action by Instructor, Department Chair and College Dean.	<input type="checkbox"/> SEMESTER WITHDRAWAL FROM UNIVERSITY Student submits Withdrawal From University form directly to Registrar at One Stop Student Services Center, SSB 101. Last three weeks requires action by Board of Appeals and Review.
---	---

Dept. & Course #: _____ Schedule #: _____ Term & year: _____

Instructor: _____ Major: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

My reasons for this request are: *(Please specify clearly and attach supporting documentation)*

I understand that an approved withdrawal does not release me from any financial obligation owed for fees, tuition or financial aid.

Student Signature: _____ Date: _____

Instructor Justification

Approve Deny

Action by Department Chair

Approve Deny

Signature _____ Date: _____ Signature _____ Date: _____

Action by Dean

Approve Deny

Action by Board of Appeals and Review

Approve Deny

Signature _____ Date: _____ Signature _____ Date: _____