



Student and Course Information *(Completed by the student or the student's representative)*

Please print all information clearly. All changes or modifications to a student record must be requested no later than **three years** from the semester/session in question. You must complete a Petition for Withdrawal (W) for each class.

Palomar ID#	_____	
Student (Last, First)	_____	
Mailing Address	_____	
City, State, Zip Code	_____	
Palomar Email Address	_____	
Alt. Email Address	_____	
Telephone #	_____	BOGW recipient: Yes ____ No ____
Birth Date	_____	Financial Aid recipient: Yes ____ No ____
		Veteran benefit recipient: Yes ____ No ____
Semester/Year	_____	Last date of attendance: _____
Subject/Cat#	_____	Course Title _____
Class #	_____	Instructor Name _____

Please list all classes for which you are requesting withdrawal (e.g. MATH 50, ENG 50, CSIT 105, etc.)

Mark one of the following statements:

- _____ I am petitioning for an excused withdrawal (EW) from all classes this semester.
- _____ I am not petitioning for an excused withdrawal (EW) from all classes this semester.
- (If applicable) I am not petitioning for an excused withdrawal for all classes for the following reason(s):

Procedures for Petitioning for an Excused Withdrawal

Petitions for an Excused Withdrawal (EW) must be accompanied by a statement or extenuating circumstances and supporting documentation. Palomar College defines extenuating circumstances as serious and compelling reasons which are limited to the following:

1. Mark one (or more) of the approved reasons for withdrawal

- _____ **Illness, hospitalization, or medical reasons.** Medical records or a doctor's note verifying treatment is required. The note must support the reason for missing the class.
- _____ **Illness or death of a family member or loved one.** A doctor's note must verify treatment and care for the family member. A death certificate must be provided to verify a death in the family.
- _____ **Relocation.** A document verifying a new address or documentation of need to relocate, such as an employer's note (company's name, address, and telephone number must be indicated on letterhead) is required.
- _____ **Immigration.** Subject of an immigration action.
- _____ **Incarceration.** County, state, or federal documentation is required.
- _____ **Other extenuating circumstance.** Documentation verifying extenuating circumstance is required.

Name: _____ ID: _____ Subj & Class #: _____

2. Statement: Students must provide a statement of extenuating circumstances. Students are advised that statements will be forwarded to the instructor. **Please initial below.**

I understand that my statement will be forwarded to the instructor.

_____ Student's Initials

3. Documentation: Please submit all documents which substantiate your reasons. You may choose to have the Records Office forward all documentation to the instructor or choose to have the Records Office retain some or all of the documentation. If you choose to have the Records Office retain some or all of the documentation, a summary of the documentation will be provided to the instructor.

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.

Mark one of the following choices:

_____ A. Submit all of my documentation to the instructor.

If choice B, list documentation to **release**:

_____ B. Retain some of my documentation in the Records Office.

_____ C. Retain all of my documentation in the Records Office.

Processing: The Records Office staff will forward the petition, the statement of extenuating circumstances, and the supporting documentation (if applicable) to the appropriate faculty for a signature. The petition will be processed when the Records Office receives the completed form. No student hand-carried petition forms will be accepted. You can expect this process to take three to four weeks. It may take longer during grade posting times or between semesters when faculty is not present.

I have read the above, and understand the petitioning process.

_____ Student's Signature

_____ Date

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

Records Office Processing

Comments _____

Approved _____
(Entered in system) Date and Initials

Denied _____
(Copy sent to student) Date and Initials