



## **Student Withdrawal Petition for Extenuating Circumstances (Weeks thirteen through the last day of instruction)**

### **Instructions:**

1. Fill out the attached form and include supporting documentation.
2. Submit the form to your graduate coordinator for review and signature. If submitting confidential documentation (doctor's letter, etc.), we suggest completing the request via AdobeSign.
3. Once the form is signed by your program coordinator, send the form to [gradstud@csusb.edu](mailto:gradstud@csusb.edu).
4. Once your request has been reviewed by the Graduate Studies office, you will receive an email and a copy of the form via Adobe Sign. You may download the form for your records. The form will automatically be sent to the Office of the Registrar for final processing.

If you have any questions about this form, please call (909) 537-5058 or email [gradstud@csusb.edu](mailto:gradstud@csusb.edu).

**California State University, San Bernardino (CSUSB) Postbaccalaureate  
Student Withdrawal Petition for Extenuating Circumstances (Weeks  
thirteen through the last day of instruction)**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Coyote ID# \_\_\_\_\_  
Campus Email \_\_\_\_\_

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My program is: \_\_\_\_\_

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**\*Supporting medical, psychological or military documentation must be included with this request.\***

**Employment-related reasons are not acceptable.**

If you are a financial Aid recipient and if the petition is approved, funds may have to be returned for the term in question if courses are withdrawn. We recommend that you consult with the Office of Financial Aid & Scholarships Office **BEFORE** submitting this petition.

By signing this form I confirm that I have discussed the above actions with my instructor(s) and it was determined that an Incomplete ("I" ) grade would not be possible.

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<b>Term:</b> _____	<b>Course(s) to be withdrawn:</b>	
	<b>Course:</b> _____	<b>Course:</b> _____
<b>Year:</b> _____	<b>Course:</b> _____	<b>Course:</b> _____
	<b>Course:</b> _____	<b>Course:</b> _____

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Reason for the request (If more space is needed please attach additional information along with supporting documentation):

\_\_\_\_\_  
Student's Signature

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Program Certification

\_\_\_\_\_  
Graduate Program Coordinator's Signature

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**Send the completed form to gradstud@csusb.edu for processing. Do not send directly to the Dean.**

\_\_\_\_\_  
Dean of Graduate Studies Signature

\_\_\_\_\_  
Date