## Extension & International Programs

## Request For Withdrawal





This form, when completed and signed by the instructor, department chair, and associate dean (if necessary), must be submitted to Extension and International Programs, CP 100. Call 657-278-2611 for more information. It is the student's responsibility to return the form for processing by the withdrawal deadline. (Please print in ink) Date **CWID** Area code Telephone number Name Address Degree objective Major City Zip code **Email** Signature Α **Course for Which Withdrawal is Requested** Type of Course ☐ Lecture or Lecture/Lab Laboratory Subject area and Catalog number ☐ Activity Class number (5-digit) Number of Units ■ Mini-Course ■ Internship Name of instructor ☐ Independent Study Semester Other Yes 1. Are you withdrawing from all courses? 2. Have you attended this course continuously since the first meeting?  $\square$  Yes  $\square$  No If yes, skip to #5. 3. How many sessions have you attended? \_ 4. When did you last attend this course? 5. Explain in detail below the serious and compelling reasons requiring your withdrawal. Please attach required documentation. Poor attendance or academic performance is unacceptable as serious or compelling reasons. (Continue on reverse side if necessary.) RECOMMENDATIONS В ☐ Approved Denied Signature of Instructor Date Please check the appropriate box: ■ Estimated grade at the time of withdrawal =\_ No basis for evaluation (no exams or graded assignments) Last date student attended your class \_\_\_\_\_ **□** Approved ■ Denied \_ Signature of Department Chair Date **ECS COURSES** ☐ Approved Signature of Associate Dean or Designee