

PETITION FOR EXCUSED WITHDRAWAL FOR PREVIOUS TERM

Email completed and signed form with supporting documentation to Admissions@mccd.edu



Office of Admissions and Records
3600 M Street, Stop 13
Merced, CA 95348

Use this form to request academic excused withdrawal from a course due to specific events reasonably beyond the control of the student that caused the student to be unable to continue to attend classes or complete the semester/term. (T5 § 55023, 55024). Documentation supporting this circumstance is required.

There is no fees refund associated with a standard Excused Withdrawal.

Circumstances may include:

- 1) Medical emergency (including accident, serious illness, non-elective surgery for self or immediate family)
- 2) Personal emergency or hardship situation (such as loss of job or job transfer, family or child-care dependency crisis, and death of an immediate family member)
- 3) Incarcerated student who is released from custody or involuntarily transferred before the end of the term
- 4) Immigration action against the student

PRINT CLEARLY:

STUDENT ID NUMBER _____ DATE _____

STUDENT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____ PHONE NUMBER _____

I am requesting excused withdrawal for the following course(s) only:

Course Name/Section number: _____ Semester/year: _____

Course Name/Section number: _____ Semester/year: _____

Course Name/Section number: _____ Semester/year: _____

Course Name/Section number: _____ Semester/year: _____

EXPLANATION (A BRIEF SUMMARY EXPLAINING THE CIRCUMSTANCES FOR THIS REQUEST IS **REQUIRED**)

Student Signature: _____ Date: _____

*****A&R USE ONLY*****

Approved Effective: _____ Denied _____ No documentation or inadequate documentation
_____ Does not meet criteria for EW

Comments: _____

Petitions Committee signature _____ Processed by _____ Date _____