

Petition for LATE TERM WITHDRAWAL

Submit completed form to Admissions@mccd.edu

PRINT CLEARLY for mai	ling:				
Name (Last, First) Address			E-Mail Address Student ID Number or Social Security Number		
			Daytime Telephone Nu	ımber	
or 75% of the course, who supporting docu-ments to the circumstances are verified of authorized this withdrawal, listudent, it may be difficult that advising.	ichever is less, due the request and the interest are the interest of accidents, illrimited to the definition of provide evidence of	to extenuating circumstan nstructor or appropriate fa ness or other circumstance on of extenuating circumstan	ces. The student, or hidrally must be consulted as beyond the control of nees listed. In those circuit contact the Dean of Students	fter the 14 th week of the semesters/her representative, must attack. The law states that extenuating the student. Merced College hamstances beyond the control of the lent services at (209) 384-6192 for itted.	
<u>Part I</u> - <u>Student</u>	<u>Student</u> ***Student Use***				
Describe the extenuating circumstances, p Semester Co		ase be specific and attach	supporting document Section#	eation (Example: Spring 2008, Engl A, 6911)	
	Student Sign	ature/Date:			
Part II - *Required* Instructor Review: I sup		***Instructor Use Onl I do not support this peti	ition I	have no opinion on this petition	
Last Date of Attendance, (Pe	er Instructor)				
Part III Approved Effective Date:		Inadeq ☐ Part II: Not Co	nt has not provided any, or quate, documentation ompleted	has	
Comments:					
Authorizing Signature:		Date:			