

Please Print

Name: _____ G #: _____
First name Last name

Email: _____ Phone #: (_____) _____

This form is to be used in the event that a student wishes to take an Excused Withdrawal (EW) for one or more courses.

Note: It is recommended that students visit with a counselor to discuss alternative options to an Excused Withdrawal (EW) to be sure that this choice is the best course of action for the student's academic career.

Additionally, students receiving financial aid should contact the Financial Aid Office to understand the possible implications.

In accordance with Title 5, section 55024(e), an EW (excused withdrawal) occurs when a student is permitted to withdrawal from a course(s) due to specific events beyond the control of the student affecting his/her ability to complete a course(s). Upon verification of these conditions and consistent with the District's acceptable documentation substantiating the condition, an EW may be assigned. Verifiable documentation can include but is not limited to a note from a doctor stating the student is not currently able to complete the work due to illness, employment verification of a new job, a booking report, police report of an accident, or any other documentation that proves the student's completion of a course is impractical.

INSTRUCTIONS

- Email completed petition to: **admissions@gavilan.edu**
- Attach all relevant verifiable documentation (must be in pdf format)
- Petition will be reviewed by an Admissions and Records Administrator or designee.
- You will receive an email indicating approval or denial, and the reasons and/or the limitations in approximately 10-14 business days

REQUEST FOR EXCUSED WITHDRAWAL

I petition for an Excused Withdrawal, on the grounds of extenuating circumstances, from the following course(s):

Term: Summer | Fall | Winter | Spring Year: _____

CRN	Course Name & Title	Instructor	Course Type
			<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid
			<input type="checkbox"/> In-person <input type="checkbox"/> Online <input type="checkbox"/> Hybrid

JUSTIFICATION FOR REQUEST

- | | |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Job transfer outside the geographic region | <input type="checkbox"/> Death of an immediate family member |
| <input type="checkbox"/> Illness in the family where I am the primary caregiver | <input type="checkbox"/> Chronic or acute illness |
| <input type="checkbox"/> I am incarcerated student in CA prison and was released or transferred before end of the term | <input type="checkbox"/> Verifiable accident |
| <input type="checkbox"/> I am subject to immigration action | <input type="checkbox"/> Natural disaster that directly affected me |
| | <input type="checkbox"/> COVID impact |
| | <input type="checkbox"/> Other: |

