CAL POLY
SAN LUIS OBISPO | CONTINUING EDUCATION

# Petition to Withdraw from a Course

**Birthdate:** M M / D D / Y Y

**Empl. I.D. Number:**

**Name:**

Last (comma) First Middle

**Address:**

Street

City State ZIP

**Phone:** _____ **E-mail:** _____

## I request permission to withdraw from:

Course Number: _____ Course Title: _____

Course Start Date: _____

Reason for request to withdraw from a course: ☐ Medical ☐ Personal ☐ Financial ☐ Other

## Explanation:

(Medical excuse or other documentation must be attached.)

_____

_____

_____

Student Signature: _____ Date: _____

* By signing this form, I acknowledge that I have read and understand the published withdrawal policies of Cal Poly Continuing Education.

## Instructor's Comments:

_____

_____

_____

Instructor Signature: _____ Date: _____

Cal Poly Continuing Education Office Use Only:

- ☐ Withdrawal approved with 100% refund less $25 processing fee _____, and no grade notation.
- ☐ Withdrawal approved with 65% refund of _____, and no grade notation.
- ☐ Withdrawal approved with 65% refund of _____, and a W grade recorded.
- ☐ Withdrawal approved with no refund and a W grade recorded.
- ☐ Withdrawal not approved, a _____grade recorded.
- ☐ Other _____

Authorization Signature: _____ Date: _____

- ☐ Processed in PWP Date:_____ Staff:_____
- ☐ Processed in PS Date:_____ Staff:_____

Date revised: 10/31/11