

STUDENT NAME (Last Name, First Name M.I)

SFSU ID

San Francisco State University
College of Extended Learning

Petition for Retroactive Withdrawal from Course

Complete the petition and return form to the College of Extended Learning. Attach relevant supporting documentation to this form. If more space is needed, attach another sheet.

The College of Extended Learning requires students to fill out a Withdrawal petition for each course that a student withdraws from. Retroactive withdrawal from a course requires action by instructor, the Program Director/Department Chair and the Dean.

Term and Year of Course: Schedule Number:
Department and Course Number: Name of Instructor:
Student Name:
Address:
Phone: Email:

My Reasons for this request are (specify clearly and attach supporting documentation):

Five horizontal lines for writing reasons for the request.

I understand that an approved withdrawal does not release me from any financial obligation owed for fees, tuition, or financial aid.

Student Signature Date

Action by Instructor: Approve Deny
Comments:
Signature: Printed Name: Date:

Action by Program Director/Dept Chair: Approve Deny
Comments:
Signature: Printed Name: Date:

Action by Dean: Approve Deny
Comments:
Signature: Printed Name: Date:

Return completed form to SF State College of Extended Learning.