OXNARD COLLEGE

STUDENT'S PETITION FOR EXCUSED WITHDRAWAL

POLICY: Per VCCCD AP 4230, the EW symbol may be requested by the student and used to denote withdrawal. Excused Withdrawal (EW) shall not be counted in progress probation or dismissal calculations nor shall it be counted towards the permitted number of withdrawals or counted as an enrollment attempt. **An EW is acceptable when a student withdraws from a course due to reasons beyond their control and must be supported by verifiable documentation.** Effective on or after January 2018, grade changes may be requested by the student no more than three (3) years after the term in which the grade was awarded, per VCCCD AP 4231. Grade changes for terms prior to January 2018 cannot be considered. A change of academic grade to Excused Withdrawal (EW) will be recorded only after this petition has been completed, signed by the student, determined to meet the requirements of the policies of the VCCCD, and approved by the Registrar. **Students applying for an EW will not be eligible for a refund.**

Student Name: _____   **Student ID:** 900_____

Student Email: _____ @my.vcccd.edu (only)   **Student Phone #:** _____

Excused Withdrawal Request	☐ Spring 20____	☐ Summer 20____	☐ Fall 20____

Course Name & Title: _____   **CRN:** _____   **Instructor:** _____

Course Name & Title: _____   **CRN:** _____   **Instructor:** _____

Course Name & Title: _____   **CRN:** _____   **Instructor:** _____

Course Name & Title: _____   **CRN:** _____   **Instructor:** _____

Justification for Request & Documentation

Justification for Request:

☐ Job transfer outside the geographical region
☐ Illness in the family where the student is the primary caregiver
☐ An incarcerated student in a CA State Prison or County Jail is released from custody or *involuntarily* transferred before the end of term
☐ The student is the subject of an immigration action

☐ Death of an immediate family member
☐ Chronic or acute illness
☐ Verifiable accidents
☐ Natural disaster directly affecting the student
☐ Other reason beyond the student's control (must include personal statement explaining request **AND** verifiable documentation of extenuating circumstances)

Documentation:

If supporting documentation is not provided, petition cannot be approved (*Check all to acknowledge*)

☐ I have attached verifiable medical, legal, or other appropriate documentation, dated for the term in question, that supports the claim that completion of the course is impossible due to reasons beyond my control.
☐ I have attached my personal statement explaining my request (ONLY required if you have checked "Other" above)
☐ I understand that I should consult the financial aid office regarding the impact an Excused Withdrawal may have on my financial aid, depending on my circumstance, prior to submitting this request.

I certify that all information provided is accurate and complete to the best of my knowledge and any false information will be cause for denial.

Student Signature: _____   **Date:** _____

Registrar Approval	☐ Approved	☐ Denied

Comments: _____

Registrar Signature: _____   **Date:** _____

Processed *(Initial)*: _____ Date: _____   Student Notified *(Initial)*: _____ Date: _____
Faculty Notified* *(Initial)*: _____ Date: _____   *Faculty will be notified when a letter grade is changed to an EW.