



NAME Last Name First Name Middle Initial

Student ID Number

### PETITION FOR RETROACTIVE WITHDRAWAL

An approved withdrawal will show as a grade of "W" on transcripts, future class lists, and posted grades. For withdrawal from a course, submit an unofficial transcript. Attach relevant supporting documentation to this form. If more space is needed, attach another sheet. Withdrawal Policy: Beginning Fall 2009, undergraduate students may withdraw from a course a maximum of two times and from no more than 18 semester-units of course work. This does not include total semester withdrawals of all courses or classes taken in CEL (College of Extended Learning). **For exact deadline dates for a specific semester and more information refer to the following link: <http://www.sfsu.edu/~admisrec/reg/regsched.html> For course information, check your MySFSU account at : <https://www.sfsu.edu/student>**

Check the box below for type of withdrawal:

<input type="checkbox"/> <b>RETROACTIVE WITHDRAWAL FROM A COURSE</b>  Requires action by Instructor, Chair and Dean	<input type="checkbox"/> <b>RETROACTIVE WITHDRAWAL FROM UNIVERSITY</b>  Student submits Withdrawal From University form directly to Registrar at One Stop Student Services Center, SSB 101. Requires action by Board of Appeals and Review.
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Dept. & Course #: \_\_\_\_\_ Schedule #: \_\_\_\_\_ Term & year: \_\_\_\_\_

Instructor: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

My reasons for this request are: *(Please specify clearly and attach supporting documentation)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Instructor Justification

Approve  Deny

#### Action by Department Chair

Approve  Deny

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Action by Dean

Approve  Deny

#### Action by Board of Appeals and Review

Approve  Deny

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_