

Last Name First Name Middle Initial

Student ID Number

PETITION FOR RETROACTIVE WITHDRAWAL

NAME

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: https://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:

RETROACTIVE WITHDRAW	AL FROM A COURSE	RETROACTIVE	WITHDRAWAL	FROM UNIVERSITY
Requires action by Instructor, Chair and Dean		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.		
Dept. & Course #:	Schedule #:	Т	erm & year:	
Instructor:		Major:		
Address:	City	:	State: Zip Code:	
Phone Number:	E-mail:			
My reasons for this request are:	(Please specify clearly and a	ttach supporting docu	mentation)	
Student Signature:		Date:		
Instructor Justification		Action by Departn		
Approve	☐ Deny	Approve		Deny
		7		
Signature	Date:	Signature		Date:
Action by Dean		Action by Board of Appeals and Review		
Approve	Deny	Approve		Deny
Signature	Date:	Signature		Date: