California State University
SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4814 **Fax:** 760.750.3700 www.csusm.edu/enroll/ withdrawals@csusm.edu

ACADEMIC WITHDRAWAL

One petition per term

Instructions: See backside for complete details. Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900 or as a scanned email attachment to withdrawals@csusm.edu .

Student Name: Last _____ First _____ Middle _____

Student ID: _____ Cougar Email: _____
(or last four of social security number) (or personal email address)

Degree Program: _____ Contact Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

(EL only) I am withdrawing from the entire program: ☐ Yes ☑ No If no, what term are you returning? _____ 20___

WITHDRAWAL REASON: Please attach an explanation in detail and attach required appropriate supporting documentation.

COURSE INFORMATION:			*Only necessary during current term*		
Class Number	**Course Title**	**Term**	**Date of Last Attendance**	**Grade earned to date**	**Instructor's Signature**

(EL only) Are you receiving funding through the Kaiser Ben Hudnall Memorial trust? ☐ Yes ☑ No

If yes, please provide your Kaiser NUID#_____

*My signature certifies the accuracy of the information above and that I understand all communication relating to this request will be sent via the email address provided above. **Please make a copy for your records.*

Student Signature: _____ Date: _____

FOR REVIEW COMMITTEE (OFFICE USE ONLY)

(20th Day- End of 12th week) / (8th day - End of 6th week for EL online & accerated programs) withdrawal:

☐ **Approved:** Serious/compelling/extenuating circumstances for supporting withdrawal documentation provided.
☐ **Denied:** Circumstances not beyond student's control or serious/compelling circumstances.
☐ **Denied:** Appropriate verifying documentation not provided.

College Dean/Program Director or Coordinator/Graduate Studies Dean/Approved Designee Signature: _____ Date: _____

(After 12th week) / (After 6th week for EL online & accelerated programs) or Retroactive Withdrawal:

☐ **Approved:** Serious/compelling/extenuating circumstances for supporting withdrawal documentation provided.
☐ **Denied:** Circumstances not beyond serious/compelling/extenuating circumstances or did not preclude withdrawal by end of 12th week (6th week for EL).

☐ **Denied:** Appropriate verifying documentation not provided.

Presidential Appointee Signature: _____ Date: _____

☐ Medical ☐ Military

TERM: _____ All courses: ☐ Date Processed: _____ Initials: _____