



Petition for Excused Withdrawal

Office of Admissions & Records

1111 E. Artesia Blvd., Compton, CA 90221 | www.compton.edu
phone: (310) 900-1600 ext. 2050 | admissions@compton.edu

Submit petition to: petitions@compton.edu

An EW (Excused Withdrawal) symbol may be requested by a student at any time for an extenuating circumstance beyond the students' control which prohibited or prohibits a student from continuing attendance in a class. In accordance with Compton College Administrative Regulation 4230 and 4231, grounds for requesting an Excused Withdraw 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. **See the backside of this petition for acceptable reasons for an excused withdrawal*.** **INSTRUCTIONS:** Submit this petition to the Admissions and Records Office. You will be notified via your college email in 7-10 business days.

Student Name: _____

Student ID: _____

Phone: _____

Compton Email: _____

Are you a Financial Aid recipient? Yes (see below) No

The financial aid of a student may be affected depending on individual circumstance. Consult with the financial aid office.

Student Signature: _____

Date: _____

I understand that by submitting this form approval is not guaranteed. I verify that all the information presented below is true and accurate. I understand that this decision is final.

List the classes for which you are petitioning an Excused Withdrawal (EW) below.

COURSE NAME/NUMBER	TERM and YEAR	COURSE NAME/NUMBER	TERM and YEAR

VERIFIABLE DOCUMENTATION AND A PERSONAL STATEMENT supporting the request are REQUIRED. **Additionally, a personal statement providing a justification for the petition and verifying documentation for the extenuating circumstances* must be submitted along with this petition (see next page).** If approved, the petitioned classes will be designated with an "EW (Excused Withdrawal) on the transcript.

PERSONAL STATEMENT:

ACKNOWLEDGEMENT OF VERIFIABLE DOCUMENTATION

I have attached proof of verifiable documentation to this petition.

My personal statement is attached to this petition or included in the space above.

ACCEPTABLE REASONS FOR AN EXCUSED WITHDRAW

In accordance with Title 5, section 55024(e), an EW is acceptable when a student withdraws from a course(s) due to reasons beyond their control, which include **but are not limited to**, the following:

- Job transfer outside the geographical region;
- Illness in the family where the student is the primary caregiver;
- An incarcerated student in a California State Prison or County Jail is released from custody or involuntarily transferred before the end of the term (In the case of an incarcerated student, an excused withdrawal cannot be applied if the failure to complete the course(s) was the result of a student's behavioral violation or if the student requested and was granted a mid-semester transfer);
- The student is the subject of an immigration action;
- Death of an immediate family member;
- Chronic or acute illness;
- Verifiable accidents; or
- Natural disasters directly affecting the student.

ADDITIONAL STIPULATIONS

In accordance to Title 5, section 55024 (e), an EW symbol may be requested by the student at any time during the semester and no later than the date when the district/college policy allows a grade change. Excused Withdraw 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. The financial aid of a student may be affected depending on individual circumstance. A student should consult with the financial aid staff regarding any impact on their Satisfactory Academic Progress SAP calculation.

FOR OFFICE USE UPON RECEIPT	
<input type="checkbox"/> Student Signed & Dated <input type="checkbox"/> Personal Statement (if required) <input type="checkbox"/> Verifying Doc. (if required)	Staff Initials: _____ Date: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> Transcript Updated (if applicable) <input type="checkbox"/> Rebill (if applicable)	
Director of A&R Signature: _____	Student notified: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> IN-PERSON
Comments: _____	Staff Initials: _____ Date: _____