CAL POLY
Extended Education

Open University Petition to Withdraw

Please use one form for each course.
Please submit completed form to Extended Education via one of the following:
E-mail to ***openuniversity@calpoly.edu****, fax to* ***805-756-5933****, or drop off at* ***Science Building 52, Room E34.***

Name:

Last (comma) First MI

Birthdate: M M / D D / Y Y

Empl. I.D. Number:

Phone:_____ **Email:** _____

I request permission to withdraw from:

Course: Prefix - Number - Section

Course Title:_____

Quarter:_____ **Year:**_____

Reason for withdrawal:

☐ Standard withdrawal (valid through the add/drop date; eligible for refund)
No documentation required

☐ Serious and compelling reason (valid after add/drop date through the end of the 7th week of instruction)
This petition is for serious and compelling reasons such as those emanating from medical, financial, or personal problems. Appropriate documentation supporting the circumstances written below must accompany this form.

_____

_____

☐ Emergency reason (valid beginning the 8th week through the last day of instruction)
This petition is for emergency reasons beyond the student's control. Appropriate documentation supporting the circumstances written below must accompany this form.

_____

By signing this form, I acknowledge that I have read and understand the withdrawal policies of Cal Poly Extended Education. I acknowledge that poor grades, general inability to pay, irregular attendance, or dissatisfaction with the course are not in themselves sufficient reasons for withdrawal.

Student Signature:_____ **Date:**_____

Approval:

By signing this form, I acknowledge that I understand the withdrawal policies of Cal Poly Extended Education and that I am not authorizing any refund eligibility. I acknowledge that the student is petitioning to withdraw for the stated reason.

Instructor Signature:_____ **Date:**_____

Department Head/Chair Decision:

☐ Withdrawal Authorized ☐ Withdrawal Denied

Department Head/Chair Signature:_____ **Date:**_____

Cal Poly Extended Education office use only:

Approval Signature:_____ **Date:**_____

For complete withdrawal and refund deadlines and policies, please visit www.openuniversity.calpoly.edu or call (805) 756-2053