

Instructions

Do not hand write - Must be typed

- Graduate or credential students petitioning to late or retroactively drop or semester withdraw from regular or special session classes must use this form.
 - Undergraduate, credential, or graduate students petitioning to drop or withdraw from an Open University class must use the forms on the Registrar's website at <http://www.sjsu.edu/registrar/forms/index.html> for semester withdrawal.
 - Undergraduates petitioning to drop a class of any kind, including graduate-level classes, must use one of the forms above on the Registrar's website.
1. After the Drop Deadline, it is rare for individual course drops to be approved. Following a semester, it is extremely rare. Dropping because of poor performance or too heavy a load will not be permitted. A change in GPA resulting from a retroactive drop or withdrawal will not change academic standing.
 2. Extenuating circumstances that disrupted the scholastic performance must be explained in a separate attachment. If the circumstances were medical, you can submit the Healthcare Provider Verification of Medical Conditions (HPVMC) form fully filled out and signed. You are not required to provide additional medical information beyond that in the HPVMC form, but you may do so in your personal statement. However, in the personal statement for course drops, you must explain why any individual courses are to be treated differently from the ones not dropped. Attach this petition, completed except for signatures, to the HPVMC form for your healthcare provider to see. Once the form is completed by the provider, take both to the signers of the petition for the signatures. All personal medical information will be kept confidential among the signers of the petition.
 3. All signatures must be obtained. Submit the form to your college office.
 4. This petition should be returned to Graduate Studies, a branch of Graduate and Undergraduate Programs, located in ADM 146.

Student Information

Last Name	First Name, M.I.		
Student ID	Previous Name (if any)		
Current Address	City	State	Zip Code
Daytime Phone	Email Address		
Student Name _____	Signature _____	Date _____	

Choose one of the two options below. You may not choose both.

1. Semester Withdrawal Information (all classes will be dropped for the semester)

Semester to be Withdrawn	Applied for Graduation	Yes	No	Anticipated Graduation Date
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2. Course Drop Information (fill out one form per course)

Course Title	Units
Course Prefix (e.g., English)	Catalog Number (e.g., 1A)
	Semester Year (e.g., Fall 2012)
	Special session class Yes No

Required Attachments (photocopies are acceptable)

- Complete SJSU transcripts
- Candidacy form, if filed with GAPE
- Personal statement with explanation of reasons (see above at No. 2 if citing medical reasons)
- Documentation of extenuating circumstances, Healthcare Provider Verification of Medical Condition form, or other documentation if citing medical circumstances
- Documentation must be provided only to those in the Required Signatures section below.

Required Signatures

For course drop only: **Course Instructor Name** (for informational purposes only; no approval or disapproval needed)

For both course drops and semester withdrawals, fill out the following:

If you are or were on financial aid during the semester in question, you must take this form to the Financial Aid Office for a signature.

Financial Aid Officer	Name _____	Signature _____	Date _____
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International graduate students with F-1 or J-1 visas must be enrolled in 9 units each semester unless they have obtained reduced course load permission from the International Students and Scholar Services (ISSS) office. To obtain a drop or withdrawal, F-1 and J-1 students must obtain a signature from ISSS.

ISSS	Name _____	Signature _____	Date _____
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Departmental Grad Advisor

Approval Yes No	Name _____	Signature _____	Date _____
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College Associate Dean

Approval Yes No	Name _____	Signature _____	Date _____
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If the class(es) is/are special session, the Associate Dean of the College of International and Extended Studies must sign below.

Associate Dean, CIES

Approval Yes No	Name _____	Signature _____	Date _____
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For both regular and special sessions, obtain the signature below.

Associate Dean, Graduate Studies

Approval Yes No	Name _____	Signature _____	Date _____
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Notes