

Name: \_\_\_\_\_  
Last First Middle Initial Student ID

Address: \_\_\_\_\_

City State Zip  
Home Telephone #:( ) Work#:( ) Cell#:( )

I am petitioning for the following school year: \_\_\_\_\_ Term:  Fall  Spring  Summer

Session:  16wk  12wk  FT1  FT2  Summer A  Summer B  Other (specify) \_\_\_\_\_

Request a "W" after the withdrawal deadline with NO REFUND.

Request a "W" after the withdrawal deadline with a REFUND. Refunds are granted only in limited well-documented situations.

\*\*\*\*\* The deadline for petitioning for a withdrawal from a course is six months after the semester of the course in question.\*\*\*\*\*  
\*\*\*\*\*Courses where grades of A, B, C, D, P, or S have been earned do not qualify for a withdrawal petition.\*\*\*\*\*

Course # \_\_\_\_\_ Ref # \_\_\_\_\_ Last Date of Attendance or Log in: \_\_\_\_\_ Professor \_\_\_\_\_

Course # \_\_\_\_\_ Ref # \_\_\_\_\_ Last Date of Attendance or Log in: \_\_\_\_\_ Professor \_\_\_\_\_

Course # \_\_\_\_\_ Ref # \_\_\_\_\_ Last Date of Attendance or Log in: \_\_\_\_\_ Professor \_\_\_\_\_

Course # \_\_\_\_\_ Ref # \_\_\_\_\_ Last Date of Attendance or Log in: \_\_\_\_\_ Professor \_\_\_\_\_

Academic Dismissal Reinstatement for Term \_\_\_\_\_

Repeat Course \_\_\_\_\_ after 3rd attempt

Other (please specify) \_\_\_\_\_

**What is the reason for your request?**

Never attended

Death in family – Give a detailed summary in the space on back of form. Documentation must be provided.

Illness – Give a detailed summary in the space on back of form. Documentation must be provided.

Other – Give a detailed summary in the space on back of form. Provide documentation if applicable.

**How did you pay for your class(es)?**

Cash  Credit Card  Pell Grant  Bright Futures  Academic Merit  Pmt. Plan  VA  Loan  Other \_\_\_\_\_

**Financial Aid Students:** If the course(s) for which you are requesting action was paid using any state, federal and/or institutional aid, you must see a Financial Aid Advisor before submitting this petition to an Academic Advisor.: Student has been advised of the following financial aid ramifications should this request be approved: If this petition is approved the student \_\_\_\_\_ will \_\_\_\_\_ will not be financially responsible to repay the college for financial aid disbursed for these classes and dates. \_\_\_\_\_ (Student initial).

\_\_\_\_\_  
Print Financial Aid Advisor Name

\_\_\_\_\_  
Financial Aid Advisor Signature

\_\_\_\_\_  
Date

**Student Statement:** I understand that it is my responsibility to complete this form in its entirety and provided a DETAILED SUMMARY as to the reason I am requesting consideration under Board Rule 4.06 and submit it to an Academic Advisor for consideration by the Petitions Committee. Pending the outcome of this petition, ***I understand that I am responsible for making appropriate schedule changes and meeting any new or adjusted financial obligations, including a possible repayment of financial aid.***

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Advisor Statement:** I have reviewed this petition request with the student and find it is complete and ready for consideration by the Petitions Committee.

\_\_\_\_\_  
Print Academic Advisor Name

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Date

**STUDENT MUST ATTACHED A TYPED DETAILED SUMMARY WITH DOCUMENTATION TO VALIDATE REASONS FOR REQUEST.**

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.