

## REQUEST TO WITHDRAW FROM CLASS (ES) AFTER OFFICIAL DEADLINE

Withdrawal from class after the final state mandated drop date as published in the catalog and schedule of classes can only be approved for extenuating circumstances. In all cases, the reason must be specifically documented and verified. Grade changes can only be made within one year following the end of the semester for which a grade is assigned.

Late withdrawals may be approved for the following reasons:

- U.S. Military Service (**copy of orders MUST be attached**)
- Death of an Immediate Family **Member** (**need copy of death certificate, obituary notice or Administrative Judgement**)
- Illness or Accident (**Hospital or doctor's statement, on official letterhead, which states the nature and dates of the illness or accident justifying the reason for withdrawal from the class**)
- Other (**Indicate the extenuating circumstance on your personal statement [page 2], and provide proper supporting documentation**)

The student **must attach a personal statement** explaining the details of this request. Official documentation and/or verification must also be attached.

**THIS REQUEST MUST BE SUBMITTED WITH THE APPROPRIATE SUPPORTING DOCUMENTATION, NO EXCEPTIONS.**

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
Last, First MI

LACCD Email: \_\_\_\_\_ PHONE: \_\_\_\_\_

TERM: Winter  Spring  Summer  Fall  YEAR: \_\_\_\_\_

DROP WITH REFUND  DROP WITHOUT "W"  DROP WITH "W"

Section Number: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

Section Number: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

Section Number: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

Section Number: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

Section Number: \_\_\_\_\_ Course Name & Number: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR ADMISSIONS AND RECORDS USE ONLY: Determination Approved  Denied

Notes: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL STATEMENT

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_  
Last First MI