



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

EXTENUATING CIRCUMSTANCE(S)

Check Appropriate College

Admissions
Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Click [Here](#) to Submit

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click [Here](#) to Submit

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click [Here](#) to Submit

Student ID: G _____

Last Name _____ First Name _____ Middle _____

Phone Number _____ Email: _____

Term: Fall Spring Summer Year _____

DIRECTIONS:

This is a formal request for an exception or waiver to college procedures. Extenuating Circumstances are legally defined as verified cases of illness, accident or other circumstances beyond the student’s control. Include a written statement with supporting documentation of your extenuating circumstance.

Verifiable documentation can include, but not limited to

- a letter from a doctor stating the student was not able to complete the work due to illness
- employment verification of a new job
- police report of an accident
- or any other documentation that proves the student’s completion of a course was impractical.

The requests will be considered only for the term the incident was documented. The determination shall be made by the local college’s admissions and records office.

If petition is submitted with insufficient supporting documents, information and written statement, it will be denied.

NOTE:

- If petitioning for an Excused Withdrawal outside of the current semester, the petition must be submitted no more than one year after the relevant term.
- **DROPPING/WITHDRAWING FROM A COURSE MAY AFFECT FINANCIAL AID AND/OR VETERAN’S BENEFITS.**
- You are advised to speak with staff in the Financial Aid Office or the VA Certifying Official prior to submitting this request to determine whether or not it may impact your previous/future financial aid award and/or eligibility for Veteran’s Benefits.

STATEMENT OF JUSTIFICATION: (clearly describe what you are requesting and included a separate attachment sheet if needed):

By signing this petition, I acknowledge all of the following that are relates to the Excused Withdrawal request:

- Excused Withdrawals from credit-bearing courses may reduce my total units in the term in which they were taken, which may affect my full-time status.
- Fees associated with the course(s) listed above will not be refunded for excused withdrawal.
- Once an Excused Withdrawal is processed for a class, I cannot be reinstated into that class.
- (If applicable) I have consulted with my Financial Aid department and understand the effect such withdrawal will have on my financial aid.
- (If applicable) I have consulted with my Veteran School Certifying Official and understand the effect such withdrawal will have on my Veteran’s benefits.

Student Signature: _____

Date: _____

OFFICE USE ONLY: Approved Denied Pending Official
Documentation Comment:

Processed by _____ Date: _____ REV 04-2025