



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

**SMCCCD**

# REQUEST FOR EXCUSED WITHDRAWAL (EW) DUE TO COVID-19

## Check Appropriate College

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Admissions<br>Cañada College<br>4200 Farm Hill Boulevard<br>Redwood City, CA94061<br>Phone: (650) 306-3226<br><a href="mailto:canadaadmissions@smccd.edu">canadaadmissions@smccd.edu</a> | <input type="checkbox"/> Admissions<br>College of San Mateo<br>1700 West Hillsdale Blvd.<br>San Mateo, CA 94402<br>Phone: (650) 574-6165<br><a href="mailto:csmadmission@smccd.edu">csmadmission@smccd.edu</a> | <input type="checkbox"/> Admissions<br>Skyline College<br>3300 College Drive<br>San Bruno, CA 94066<br>Phone: (650) 738-4251<br><a href="mailto:skyadmissions@smccd.edu">skyadmissions@smccd.edu</a> |
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**Email your form to the Appropriate Admissions and Records Office  
Incomplete or illegible forms will not be processed**

**Note:** This petition to “Withdraw and receive an “EW” as a grade, after the withdrawal deadline is only for Spring 2020, Summer 2020, and Fall 2020 terms due to the COVID-19 pandemic.

**Student's ID# G:** \_\_\_\_\_  **Spring 2020**     **Summer 2020**     **Fall 2020**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I request an EW grade (excused withdrawal) for the following classes:**

CRN	COURSE NAME	COURSE NUMBER	COURSE SECTION	# OF UNITS
Sample 81348	Elementary Algebra	MATH 110	AA	5.0

Tuition refunds may be available, in this unprecedented scenario, if not originally waived by specific types of financial aid.

- I plan to continue my education and wish to credit my account for the classes listed above, if a credit is applicable.
- I would like to request a refund (in the form of a mailed check) for the classes listed above, if a refund is applicable; I have checked my mailing address in my WEBSMART account and confirm that it is current and accurate.

**NOTE: 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.

Please indicate if you are:     Receiving Financial Aid                       Receiving Veterans Benefits

I, the student, understand that this request will make a permanent grade change on my transcript for the class(es) listed above. I understand EW grades do not affect my grade point average (GPA), and will not be counted toward progress or academic probation and dismissal. In addition, extenuating circumstances caused by COVID 19, may be excluded from the Satisfactory Academic Progress (SAP) policy for financial aid purposes. The college has made this option available to students in the best interest of their academic records, in response to COVID-19, yet cannot account for all future scenarios. By signing below, I acknowledge and accept the information provided to me on this form.

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

**OFFICE USE ONLY:**             Approved     Denied     Pending Official Documentation

Comments:

Extenuating Circumstance Committee: \_\_\_\_\_ Date: \_\_\_\_\_ rev 10/2020