

PETITION FOR DEAN'S WITHDRAWAL

Office of Student Life

Email: student.life@wwu.edu /Phone: 360-650-3706

Name _____ Student ID Number: W- _____

Mailing Address: _____

City/State _____ Zip _____

Phone number _____ Western Email _____

Who referred you? Faculty Staff _____

Do you live in on-campus housing? Yes No

If Yes, Building Name and Room Number _____

Do you receive Veteran's benefits? [] Yes [] No

I am requesting a: FULL DEAN'S WITHDRAWAL (from all classes)
PARTIAL DEAN'S WITHDRAWAL (from one or more, but not all classes)

For the following: QUARTER _____ YEAR 20 _____

What was the last date you attended class(es)? _____ (if still attending, put today's date)

When are you planning to return to Western? QUARTER _____ YEAR 20 _____

If you are requesting a **PARTIAL WITHDRAWAL**, list the course, CRN, and Professor for each class from which you would like to withdraw (**do not complete this section if you are requesting a full withdrawal**).

COURSE	CRN	PROFESSOR

You **MUST** attach your **personal statement**. If applicable, attach a completed **care provider verification** (for illness, injury, or mental health situation) or **other appropriate documentation** (for significant personal emergency).

Student's signature _____ Date _____

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PERSONAL STATEMENT

All students requesting a full or partial withdrawal are required to write a personal statement. The personal statement should further clarify the injury, illness or compelling circumstance you have experienced. It is essential that you give accurate details about:

- The circumstances surrounding your need for withdrawal;
- The dates you were unable to attend classes due to injury, illness or compelling circumstances; and
- An account of how the situation specifically prevented you from completing your coursework.
- **If you are requesting a partial withdrawal, you must explain why the illness, injury or significant personal emergency affected one or more-but not all-of your classes.**

Name

Student #W

Date