**SAINT JOSEPH’S UNIVERSITY**  
**Extraordinary Withdrawal Form**

| Student Name _________________________________________________________ | Date ______________________ |
|________________________________________________________________________|
| Student Identification Number ____________________________________________ |
|________________________________________________________________________|
| Student’s Phone Number (Day Time) ______________________________________ |

**TO BE COMPLETED BY THE STUDENT**

This EXTRAORDINARY WITHDRAWAL FORM may not be initiated later than the last class meeting of the semester and starts after the last scheduled regular withdrawal date. The last scheduled date for regular withdrawal is noted in each term’s calendar. Withdrawals after this date must be approved by the instructor (HDC-Academic Advisor, MBA-MBA Advisor, Graduate Business students do not need instructor) and by the Associate Dean. The (W) will be granted only for EXTRAORDINARY AND UNUSUAL REASONS. In some cases, additional verification from a physician or employer may be required.

I have read the policy concerning extraordinary withdrawal from courses states above and wish to withdraw from the following course:

| Student Signature _____________________________________________ | Date ________________ |
|________________________________________________________________________|

Term | CRN | Subject | Course No. | Section | Credits | Instructor |
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<td>for the following reason: ____________________________________________</td>
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**TO BE COMPLETED BY THE INSTRUCTOR (HDC/PLS-Academic Advisor or MBA-MBA Advisor)**

Request has been reviewed

_____ recommend the student be granted a (W) grade.

_____ I do not recommend the student be granted a (W) grade.

Comments: ________________________________________________________________

Instructor’s Signature ___________________________________________ Date ______________________

HDC students will need the signature of their HDC Academic Advisor  
Graduate Business does not need this signature

Please return this form:

Undergraduate Day students: Advising Center (CAS BL 117 or HSB MV 150)  
Professional and Liberal Studies students: PLS office MH 220 or plsadvising@sju.edu  
Haub Degree Completion students: HDC office MV 280, haubadult@sju.edu or Fax 610-660-1599  
Graduate Arts & Sciences: Graduate A&S office BL 110 or gradstudies@sju.edu  
Graduate HSB: HSB Dean’s Office MV 164

**TO BE COMPLETED BY THE ASSOCIATE DEAN**

(HDC may have the HDC Program Director complete)

Request is

_____ Approved

_____ Denied

Comments: ________________________________________________________________

Associate Dean’s Signature __________________________ Date ______________________

The Associate Dean’s office will forward this form to hawkcentral@sju.edu  
8/11/16