SAINT JOSEPH'S UNIVERSITY
Graduate Programs – Extraordinary Withdrawal Form

1. Student’s Name ___________________________ Date __________________
   Last    First    Initial

Address ________________________________________________________________

Veteran____ Student’s Telephone # _________ Student’s ID ________________

This EXTRAORDINARY 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 and by the 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.

2. TO BE COMPLETED BY THE STUDENT

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

   Dept. _____ Course _____ Sec. _____ Credits _____ Instructor ______________

   For the following reason:

3. TO BE COMPLETED BY THE INSTRUCTOR

   Request has been reviewed. I recommend the student be granted a (W) grade____

   Required to continue in course ___________.

   Comments:

   Date: ____________________ Instructor’s Signature _______________________

4. TO BE COMPLETED BY DEAN

   Request is _____APPROVED_____ DENIED

   Comments:

   Date ____________________ Dean’s Signature _________________________