SAMUEL MERRITT UNIVERSITY  
Office of the Registrar  

PETITION TO RECEIVE A LETTER GRADE OF “W”

STUDENT COMPLETES THE FOLLOWING:

Print Name: ______________________________________________________________

Signature: ______________________________________________________________

ID Number: _______________________________________________________________

Course Number: __________________________________________________________

Course Title: ____________________________________________________________

Please state the exact reasons for your withdrawal from this class:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

After the end of the drop/add period, a student may withdraw from a course without academic penalty up until the *midpoint of the course, as specified in the course syllabus, or when no more than 50% of the course has been completed, which ever occurs last*. A student may withdraw from a single course only once. The course remains on the student transcript with a grade of “W”. Petitions to withdraw from a course beyond this period would be approved only for serious and compelling reasons such as serious accident or illness. The approval of the instructor and the department chair are required on the petition form, which the student files in the Registrar’s Office. If the petition is granted, the course remains on the student record with a “W” grade. If the petition is denied or the student fails to complete course requirements without formally withdrawing, the grade will be determined by the instructor based on the grading policy and requirements as noted in the course syllabus (See Withdrawal from the University and Refund Policies).

Instructor Name: _______________________________________ Date: ____________________

Instructor Signature: ____________________________________ Date: ____________________

Last day of student’s class attendance: ___________________________________________

Department Chair Signature: ______________________________ Date: ___________________

REGISTRAR’S OFFICE USE ONLY:

Request reviewed by: ___________________________________ Date: ___________________

cc: instructor  
    student  
    student file