

Due Date: _____

Petition for Retroactive Withdrawals/Retroactive Leave of Absence

The Committee on Academic Policy & Standards

Telephone number: 718-262-2770 Room 4G04

Date: _____

Name: _____
Last First Middle Initial

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Cell) _____ (Home) _____

Last 4 Digits of Social Security Number: _____ Date of Birth ____/____/____

Student ID: _____ York College Email: _____

Are you withdrawing from all courses? Yes No

Semester and Year: Fall Winter Spring Summer _____

Course & Course number	Code	Section	Grade	Course & Course number	Code	Section	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Reason for Request: Student *must* submit a typed statement, the last date of attendance from each instructor or department and supporting documentation!

I hereby certify that all the above information is accurate and complete. I understand that the information in this petition will be kept confidential and will be used for the Committee's purpose only.

Signature Date

Personal Statement Documentation No Documentation LDA Initial _____

Approved Denied

Committee Comments:

Chairperson's Signature

D.C 6/9/20015

Petition Received Stamp Here