

**PETITION TO WITHDRAW FROM
UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM
AND REQUEST RETURN TO UC CAMPUS**
(Refer to Section 370 of Director's Manual)

Name: _____ UC Campus & College: _____
 Country/Partner: _____ Major: _____
 Year: _____ Student ID Number: _____
 U.S. Address: _____ E-mail: _____
 U.S. Phone: _____

TO BE COMPLETED BY STUDENT

Answer no. 1 and 2; answer no. 3 OR 4; answer no. 5.

1.) Write a brief summary of the reason for the request to withdraw
(and attach a detailed statement):

2.) Terms Already Completed (check one):

Summer ___ Fall ___ Winter ___ Spring ___ None ___

3.) Current Term (in progress) that will be completed before
withdrawal date (check one):

Summer ___ Fall ___ Winter ___ Spring ___

All courses below are on the current term Study List and will be completed before the withdrawal date:

UC Course No.	UC Course Title	UC Units:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4.) Term that will still be in progress and not completed at
withdrawal date (check one):

Summer ___ Fall ___ Winter ___ Spring ___

All courses below will be in progress (not completed) at time of
withdrawal date:

UC Course No.	UC Course Title	UC Units:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5.) Requested term of return to UC campus _____

Student's signature *Date*

TO BE COMPLETED BY STUDY CENTER DIRECTOR

Answer no. 6 and either 7 OR 8; answer no. 9.

6.) EFFECTIVE DATE OF WITHDRAWAL _____
(Must be completed) *Month / Day / Year*

7.) If no Study List is filed for term in progress, check here: _____

8.) Study Center Director's recommendation concerning disposition
of work on Study List for the current term:

_____ All courses will remain on Study List and grades will be
assigned as appropriate.

_____ Drop all courses from record.

_____ Drop all courses except those listed below which will be completed
before withdrawal date and receive grades or will be completed according to the terms of Contracts for
Incomplete.

List below courses that will be completed before withdrawal date or
through Contracts for Incomplete. (This list may correct the courses
listed by the student in no. 3, as necessary to match Study Center
records.)

UC Course No.	UC Course Title	UC Units:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9.) Study Center Director must provide a statement explaining his/her
support or non-support of the student's reason for withdrawal.
(Additional statements may be attached.)

SC Director's signature *Date*

**PETITION TO WITHDRAW FROM UNIVERSITY OF CALIFORNIA EDUCATION ABROAD PROGRAM
AND REQUEST RETURN TO UC CAMPUS (continued)**

Student Name: _____ UC Campus & College: _____
Student ID. #: _____ Effective Date of Withdrawal: _____
Country/Partner: _____ Academic Year: _____

REVIEW BY REGIONAL DIRECTOR, UOEAP (See D.M. 370.00-02.)

Signature _____ Date _____

ACTION BY DEAN/PROVOST

Indicate final disposition of the petition by marking your decision; sign and print your name, and date.

- Approved without conditions. UC qtr or sem of return _____
- Approved with the conditions noted below. UC qtr or sem of return _____

Signature _____ Date _____
(Print name)

Conditions:

NOTE: The Dean or Provost has the final authority to determine any conditions of re-admission.