IMPORTANT: The deadline for submission is the last day of the quarter. Read all the information on the second page, complete the petition, and obtain the signatures indicated below.

- Petition must be returned to the Office of the Registrar. If in person, photo ID must be presented.
- The date the completed petition is received by the Office of the Registrar is the official withdrawal date.
- Questions concerning how a withdrawal affects financial aid should be directed to the Financial Aid Office prior to submitting this form.

Name
Last ___________________ First __________ Middle __________

Perm ___________________

Petition for:  □ Fall  □ Winter  □ Spring  Phone ________________  E-mail __________
Year  Year  Year

Reason for Withdrawal:  □ Personal  □ Medical  □ Financial  □ Academic  □ Military/Call to Active Duty

By completing this form, I hereby petition for a complete withdrawal from the university:

- I understand this petition will not be processed until I have 1) secured the necessary signatures and 2) returned the petition to the Office of the Registrar.
- I understand that any registration I may have completed for a future quarter will be cancelled.
- I understand all questions concerning how a withdrawal will affect my financial assistance should be directed to the Financial Aid Office.
- The date this completed petition is received by the Office of the Registrar is the official withdrawal date.

________________________________________________  __________________________
Student Signature                  Date

Required Signatures:
1) Graduate Advisor or Department Chair  Date
2) Dean, Graduate Division, 3117 Cheadle Hall  Date
3) Billing/Accounts Receivable, 1212 SAASB  Date
4) Student Health Services, 1708F Bldg 588  Date

Required if Applicable to your Student Status:
5) International Students, 3130 SRB  Date
6) Housing and Residential Services, 1501 Residential Srvcs Bldg  Date
7) Veterans Certifying Official, 1212 SAASB  Date

Office of the Registrar Use Only:
Received By ____________  Official Withdrawal Date ____________  Posted By ____________  Posted Date ____________
GRADUATE WITHDRAWAL PETITION

Complete all required information on first page. Return the completed form to the Office of the Registrar. By signing the first page of this form, you certify your understanding of the impacts of withdrawal on all aspects below.

All students must obtain signatures from Billing/Accounts Receivable, the Department Chair, the Dean of your College, and Student Health Services. All library books, physical activities and other equipment must be returned; arrangements must be made for payments of all fees, loans, and fines. If you fail to do so, official transcripts can not be released, and requests for readmission/reinstatement may not be approved.

EOP students must obtain a signature from EOP counselor and international students must obtain a signature from the Office of International Students and Scholars.

Students residing in university-owned Residence Halls should obtain signature from Housing and Residential Services. Students living in Single Student apartments (Westgate, El Dorado, and Santa Ynez) or Family Student Housing (West Campus or Storke Apartments) should obtain signature from the Contracts Office at Santa Ynez apartments, 6750 El Colegio Road.

If student health insurance (GSHIP) was purchased, please note:
Students who withdraw before the 43rd day of the term may: 1) elect not to have the cost of GSHIP refunded and maintain the insurance coverage through the balance of that term, provided full payment was made and the student was covered under GSHIP as a registered student in the immediately preceding term (except for students new to UCSB); or 2) choose to receive a full refund of premium and coverage will be cancelled as though it was never in effect for that term. For students who withdraw on or after the 43rd day of the term, coverage will remain in effect for the balance of that term and no refund will be allowed. This provision only applies to students who have an officially designated status of WITHDRAW. Cancelled or lapsed students are not eligible to maintain coverage under GSHIP. Please note students who maintain GSHIP coverage after withdrawal are still subject to the Student Health Referral Requirement. Students who have utilized their insurance at Student Health Service or outside of the campus at any time during the term are not eligible for a refund of their insurance premium (regardless of when withdrawal occurs).

The date the completed petition is submitted to the Office of the Registrar is your official withdrawal date. If you have paid fees and are eligible for a refund, please make arrangements with Billing/Accounts Receivable to have your check mailed to you.

REFUND SCHEDULES

Schedule A
New students receiving federal Title IV financial aid, who withdraw in their first quarter of attendance are eligible to receive the following percentage:*  

<table>
<thead>
<tr>
<th>1st day or prior</th>
<th>2-7 days</th>
<th>8-14 days</th>
<th>15-21 days</th>
<th>22-28 days</th>
<th>29-35 days</th>
<th>36-42 days</th>
<th>43 days or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>40%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Schedule B
All continuing and returning students, and new students who do not receive federal financial aid are eligible to receive the following percentage:*  

<table>
<thead>
<tr>
<th>1st day or prior</th>
<th>2-7 days</th>
<th>8-18 days</th>
<th>19-35 days</th>
<th>36 days or over</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>90%</td>
<td>50%</td>
<td>25%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Schedules refer to calendar days, including weekends.