

GRADUATE WITHDRAWAL PETITION

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 or academic employment/fellowship to the Graduate Division prior to submitting this form.
- Major/Home Departmental Graduate Advisor's or Chair's signature required (not personal advisor)

Name _____ Perm _____
Last First Middle

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 aid package should be directed to the Financial Aid Office or academic employment/fellowship should be directed the Graduate Division.**
- The date this completed petition is received by the Office of the Registrar is the official withdrawal date.

I will not return to UCSB, please close my (specify degree(s) and major): _____

 Student Signature Date

Required Signatures:

- | | | | |
|----|--|-----------------|------------|
| 1) | _____ | Signature _____ | Date _____ |
| | Graduate Advisor or Department Chair-Print Name | | |
| 2) | _____ | Signature _____ | Date _____ |
| | Dean, Graduate Division-Print Name (3117 Cheadle Hall) | | |
| 3) | _____ | Signature _____ | Date _____ |
| | Billing/Accounts Receivable-Print Name (1212 SAASB) | | |
| 4) | _____ | Signature _____ | Date _____ |
| | Student Health Services-Print Name (1708F Bldg 588) | | |

Required if Applicable to your Student Status:

- | | | | |
|----|--|-----------------|------------|
| 5) | _____ | Signature _____ | Date _____ |
| | International Students-Print Name (3130 SRB) | | |
| 6) | _____ | Signature _____ | Date _____ |
| | Housing & Residential Serv-Print Name (1501 Residential Srvc Bldg) | | |
| 7) | _____ | Signature _____ | Date _____ |
| | Veterans Certifying Official-Print Name (1212 SAASB) | | |

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 your home/major Department Graduate Advisor or Chair (not your personal advisor), the Graduate Division Dean, Billing/Accounts Receivable, and Student Health Services.

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

Students residing in university-owned housing should obtain signature from Housing and Residential 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 cannot be released, and requests for readmission/reinstatement may not be approved.

If student health insurance (Gaucho Health Insurance) was purchased, please note: Students who withdraw **before** the 43rd day of the term may: 1) elect not to have the cost of Gaucho Health Insurance refunded and maintain the insurance coverage through the balance of that term, provided full payment was made and the student was covered under Gaucho Health Insurance 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 Gaucho Health Insurance. **Please note students who maintain Gaucho Health Insurance 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:*

1st day or prior	2-7 days	8-14 days	15-21 days	22-28 days	29-35 days	36-42 days	43 days or over
100%	90%	80%	70%	60%	50%	40%	0%

Schedule B

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

1st day or prior	2-7 days	8-18 days	19-35 days	36 days or over
100%	90%	50%	25%	0%

* Schedules refer to calendar days, including weekends.