

Petition to Withdraw from UCEAP & Request Return to UC Campus

(See [Withdrawal Chapter](#) in UCEAP Guide to Study Abroad)

Name: _____ UC Campus & College: _____
 Country/Host Univ.: _____ Major: _____
 Program: _____ UC Student ID Number: _____
 Academic Year Abroad: _____ E-mail: _____

TO BE COMPLETED BY STUDENT

1. Indicate reason for the withdrawal: Academic Financial Personal Health Other
2. Attach a detailed statement.
3. What is your current term? Summer Fall Winter Spring
4. What term(s) are you withdrawing from? Summer Fall Winter Spring Quarter Semester
5. If you are withdrawing from a future term, skip to #7.
6. If you are withdrawing from the current term. Select one:
 - a. I will not complete any courses for the current term by the withdrawal date. Go to #7
 - b. I will complete all courses for the current term. Go to #7
 - c. I will complete some courses for the current term. List **only** the courses you will NOT complete (this acts as your official request to withdraw from these courses. (W's will be reported to the Office of the Registrar):

UC Course No.	UC Course Title	UC Quarter Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Requested term of return to UC campus: _____

Student's signature _____ Date _____

TO BE COMPLETED BY UCEAP REPRESENTATIVE

1. Effective Date of Withdrawal _____ (Month / Day / Year)
2. What term(s) has the student already completed? Summer Fall Winter Spring None
3. No Study List is filed for term in progress. No grades will be reported. (go to #5).
4. Recommendation concerning disposition of coursework on Study List for the current term. Select one:
 - a. All courses will remain on Study List and grades will be reported.
 - b. Student is withdrawing from **some** or **all** courses. Ws and/or final grades will be reported.
 - c. Courses will be completed according to the terms of Contracts for Incomplete "I"
5. Provide a statement explaining support or non-support of the student's reason for withdrawal. (Statements may be attached.)

UCEAP Representative's signature _____ Date _____

UCEAP Representative's printed name _____

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

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

REVIEW BY REGIONAL DIRECTOR, UCEAP

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 _____

Printed Name _____

Conditions:

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