

COVID-19 Spring 2020 Withdrawal Agreement

Solano Community College 4000 Suisun Valley Rd. Fairfield, CA 94534

CONTACT INFORMATION

| Student ID: | | |
|--|---|--|
| ast Name: | Middle: | First Name: |
| treet Address: | | Unit/Apt: |
| City: | State: | Zip Code: |
| mail: | | Cell Phone: |
| selecting this option, please coare enrolled (ex: CalWorks, EOPS) | ontact your Counselor, Financial Veterans, etc.) to understand the | r transcript due to the COVID-19 Pandemic. Beford I Aid office, or other programs in which you ramifications of this petition. Sign to drop it due to COVID-19 and the last |
| day to drop with a 'W' has passed | l, this agreement will allow for us t | to assign an 'EW' on your transcript. |
| An EW will not affect your pThis may affect other benef | rogress probation or dismissal statits such as Veterans, Sponsorships, refund to you if you are not receive | |
| Course name: | CRN: | |
| | and the ramifications of this petit requesting to have an EW your tra | cion and how it may affect your financial aid, inscript. |
| STUDENT SIGNATURE | | |

This agreement must be sent to admissions@solano.edu no later than May 21, 2020. The petition will take up to 10 business days to process. Please allow up to 8 weeks for a refund to be processed. Right now, all staff are working remotely and will respond back to you via email.