California State University Northridge

Request for Retroactive Action for Undergraduate Students

(to be used after semester has ended)

Personal Data **PRINT CLEARLY** *(form will not be accepted if illegible)*

Name: CSUN Student ID: ☐☐☐☐☐☐☐☐☐

Terms (circle one) Sp Su Fa Wi Year: Major:

Phone: CSUN email: @csun.edu Alternative email: @

Requested Change (check appropriate boxes)

***REQUIRED*: LAST DAY YOU PARTICIPATED IN AN ACADEMIC ACTIVIY: _____/_____/_____**
MONTH DAY YEAR

Add	Add (CR/NC)Drop	Drop	Change Grade Basis	Complete Withdrawal *(medical or non- medical: drop all classes)*	Dept.	Course Number	5-digit Class Number
☐	☐☐	☐	☐	☐			
☐	☐☐	☐	☐	☐			
☐	☐☐	☐	☐	☐			
☐	☐☐	☐	☐	☐			

I understand that reduction in units may affect my Financial Aid, Campus Housing, and/or International Student Status. I will check with each office to learn the consequences because once a change is processed the decision cannot be reversed. To learn how the change in your schedule may affect you, click www.csun.edu/ugs/academicprogramchanges.html

Student Signature: _____Date: _____

Director of Undergraduate Studies Signature: _____ Date: _____ Approved: ☐ Denied: ☐

Retroactive Actions Guidelines

After the semester is over changes in academic schedules are rarely approved and will be considered only in cases where the student can provide written proof of extraordinary circumstances that have arisen from events beyond his or her control. The situations listed in the paragraph below DO NOT meet the criteria of extraordinary circumstances. Furthermore, there must be no viable alternative to the requested change, such as repeating the course or enrolling in the course in the following semester. Completion of this form is the first step in the review process and does not imply that the request will be approved.

1. You must provide a **typed,** written statement that describes (1) the serious and compelling reason for your request; (2) the consequences to you if your request is not granted and (3) an explanation of why you did not take care of your requested action during the semester in question. Retroactive requests will only be granted for reasons clearly beyond the student's control. Your statement is an important factor in making the decision on resolution of your request. Be sure to include your name and student ID number on your statement and submit it with your form request.
2. Print out your class schedule of the desired retroactive semester and attach it. Log into *my*Northridge, click Student Center (SOLAR) and then *View My Class Schedule*.
3. Attach written documentation or evidence to support the reason you have stated on your request. This might include a letter from an employer, medical information, court document (documents must be on letterhead), or information from relevant CSUN departments (i.e. Financial Aid, Admissions and Records print outs, etc.) All documentation must be on letterhead and include contact information. All must explain a direct connection between the requested action and the serious and compelling reason you cited in your statement. Documents from CSUN offices may be copies of e-mails.
4. Students seeking withdrawals due to serious and compelling **medical** circumstances must **also** (a) attach a letter from their treating medical professional (on letterhead), which must describe a direct correlation between the medical condition and the courses being petitioned., and (b) attach any additional documents from institutions such as hospitals, police departments, or social services agencies or letters or emails from CSUN offices or personnel may be submitted to support the request.

The following situations **ARE NOT** considered extraordinary circumstances and **WILL NOT** be approved as retroactive actions:
(a) failing the class or receiving less-than-desired grade; (b) the need to work because of financial considerations or opportunities; (c) encountering a situation that should have been anticipated, such as the need to have transportation, the need to pay for ordinary living expenses, the need for child care; (d) aspirations of either the student or his/her family in regard to GPA, the dean's list, graduate school, scholarships, etc.; (e) dissatisfaction with course material, instructor, instructional method, or class intensity; (f) lack of motivation, change in academic interests, or change of major; (g) participation in extracurricular activities; (h) academic overload and inability to keep up in all classes; or (i) on-going health-related conditions for which you were treated throughout the semester or prior to the start of the semester in question.

How is Financial Aid affected by changes in academic program?
Please contact Financial Aid before completing this petition to ensure you understand the financial impact of this withdrawal. Your Financial Aid may be reduced or canceled and/or you may be asked to repay Financial Aid dollars to CSUN. For more information contact Financial Aid at (818) 677-4085. **Open University students** are not eligible for Financial Aid.

SUBMIT COMPLETED FORMS TO UNDERGRADUATE STUDIES, UNIVERSITY HALL 215. for more info www.csun.edu/ugs/academicprogramchangess.html

2/15/08