

# 4<sup>th</sup> Week Change of Schedule Request

for **Undergraduate Students**. This form will not be accepted after the 4<sup>th</sup> week of classes in the fall and spring semesters.

**Instructions:** An add, drop, or late registration is normally not permitted after the third week of classes in the fall and spring semesters. Enrollments recorded by the end of the third week of instruction are considered official and unalterable. As such, requests for schedule changes will only be approved if the student can document "serious and compelling reason" beyond his or her control. **A separate form is required for each course.** See "Late Change of Schedule" at [www.csun.edu/anr/soc/adjsched.html](http://www.csun.edu/anr/soc/adjsched.html) for details.

CALENDAR PERIOD	LATE REGISTRATION	ADD A CLASS	CHANGE BASIS OF GRADING	DROP A CLASS	COMPLETE WITHDRAWAL	MEDICAL WITHDRAWAL
<b>Fall 2009</b> <b>WEEK 4</b> <b>September 14-18</b> The deadline for Week 4 schedule adjustments is <b>4:00 pm</b> on Friday, <b>September 18, 2009</b> .	Obtain signatures of Instructors and Dept. Chairs of all courses on the <i>4<sup>th</sup> Week Change of Schedule Request</i> and file with Admissions and Records (BH 100) no later than <b>4:00 pm on Friday, September 18, 2009</b> .  Late fee: \$25.00	Obtain signatures of Instructors and Dept. Chairs of all courses on the <i>4<sup>th</sup> Week Change of Schedule Request</i> and file with Admissions and Records (BH 100) no later than <b>4:00 pm on Friday, September 18, 2009</b> .	Obtain signatures of Instructors and Dept. Chairs of all courses on the <i>4<sup>th</sup> Week Change of Schedule Request</i> and file with Admissions and Records (BH 100) no later than <b>4:00 pm on Friday, September 18, 2009</b> .	Normally not permitted.  Obtain signatures of Instructor and Dept. Chair of the course on the <i>4<sup>th</sup> Week Change of Schedule Request</i> and file with Admissions and Records (BH 100) no later than <b>4:00 pm on Friday, September 18, 2009</b> .	Normally not permitted.  Obtain signatures of Instructors and Dept. Chairs of all courses on the <i>4<sup>th</sup> Week Change of Schedule Request</i> and file with Admissions and Records (BH 100) no later than <b>4:00 pm on Friday, September 18, 2009</b> .	<b>Complete Medical Withdrawal all Students:</b> Apply at the Klotz Student Health Center (Room 242).  <b>Partial Medical Withdrawal:</b>  <i>Undergraduates</i> - Contact Undergraduate Studies (UN 215).  <i>Graduate Students</i> - Contact Klotz Student Health Center (Room 242).

**Note:** Reducing the number of enrolled units may affect your eligibility for Financial Aid, Campus Housing, International Student Status and more. A Financial Aid student who reduces the number of units or who completely withdraws may be subject to REPAYMENT (including medical withdrawals). Before withdrawing, see the Information Regarding Changes in Program or Schedule at [www.csun.edu/uqs/academicprogramchanges.html](http://www.csun.edu/uqs/academicprogramchanges.html) and consult each office for guidance.

STUDENT'S LAST NAME (print clearly) \_\_\_\_\_ FIRST NAME, MIDDLE INITIAL \_\_\_\_\_ TERM & YEAR OF CHANGE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_  
 CSUN ID NUMBER \_\_\_\_\_ PLAN (major) \_\_\_\_\_ STUDENT'S CSUN E-MAIL (required for processing) \_\_\_\_\_

CLASS NUMBER	SUBJECT	CATALOG NUMBER	UNITS	ADD FOR:		CHANGE TO:		DROP
				GRADE	CR/NC	GRADE	CR/NC	

Total Units BEFORE ANY changes \_\_\_\_\_ Total Units AFTER ALL changes \_\_\_\_\_ FINANCIAL AID RECIPIENT \_\_\_\_\_

**STUDENT JUSTIFICATION FOR CHANGE** (if needed, continue on reverse side of form)

I understand that forgery, alteration, or misuse of University documents or records, or knowingly furnishing false information constitutes a violation of the CSU Student Conduct Code.

**Students are responsible for obtaining the required signatures, submitting this form to Admissions and Records, and making any necessary payments to University Cash Services by the posted deadline.**

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 INSTRUCTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Approve / Deny \_\_\_\_\_ COMMENTS \_\_\_\_\_  
 DEPARTMENT CHAIR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ Approve / Deny \_\_\_\_\_ COMMENTS \_\_\_\_\_  
(not required for medical withdrawal)

Received by A&R \_\_\_\_\_