

Late Change in Academic Schedule for Graduate Students **ONLY**

Second Bachelor degree students are required to use the Undergraduate Change of Academic Program/Schedule form. For medical withdrawals, you must also complete the consent form on page 3.

Last Name	First Name	Term & Year of Change
Graduate Program	Student ID #	Telephone Number
CSUN Email	Student Signature	

Student Section						Instructor Section							
Add (Grade)	Add (CR/NC)	Drop	Change to Grade	Change to CR/NC	Course and Course Number (e.g., FCS 580)	5-digit Class #	Instructor's Recommendation		Is this student passing?	Instructor's Signature	Last Date of Academic Activity		
							Approve	Deny				Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Current Term **OR** Retroactive Check if Medical Withdrawal

Full (all courses in term) **OR** Partial (some, but not all courses)

Justification: (if necessary, please attach additional information on a separate page):

If your request involves courses in different departments or graduate programs, then please obtain signatures from all of the corresponding Department Chairs and/or Graduate Program Coordinator.

<input type="checkbox"/> Approve <input type="checkbox"/> Deny <hr style="border: 0.5px solid black;"/> Dept. Chair/Grad. Program Coordinator Date	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <hr style="border: 0.5px solid black;"/> Associate Dean of Academic College Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny <hr style="border: 0.5px solid black;"/> Dept. Chair/Grad. Program Coordinator Date	<input type="checkbox"/> Approve <input type="checkbox"/> Deny <hr style="border: 0.5px solid black;"/> Asst. Vice President of Graduate Studies Date University Hall, Room 275

**Late Change in Academic Schedule for Graduate Students:
 Instructions**

Weeks from Semester Start	Non-Medical Add/Drop/Withdrawal	Medical Withdrawal
1-4	During the first 4 weeks of classes, students can process Add, Drop, and Withdrawals directly through the student portal	<p>Forms: (1) <i>Late Change in Academic Schedule</i>, (2) <i>Student Consent</i>, and (3) supporting medical documents</p> <p>Process: Submit completed forms to Lani Kiapos at lani.kiapos@csun.edu</p>
5+ and Retroactive	<p>Forms:</p> <p>Adding: <i>Late Change in Academic Schedule</i> (signed by Instructor)</p> <p>Drop: <i>Late Change in Academic Schedule</i> (signed by Instructor)</p> <p>Process: Submit form to Lani Kiapos at lani.kiapos@csun.edu in Graduate Studies for final approval</p>	<p>Forms: <i>Late Change in Academic Schedule</i> (instructor signature required), (2) signed <i>Student Consent</i>, and (3) supporting medical documents</p> <p>Process: Submit completed forms to Lani Kiapos at lani.kiapos@csun.edu The Office of Graduate Studies may consult with the Student Health Center or University Counseling Services prior to final approval</p>

**Medical Withdrawal for Graduate Students:
 Consent and Health Care Provider Guidelines**

Student Information and Release: Take this completed form to your health care provider. Then submit this form with (1) your health care provider’s letter and (2) the “Late Change of Academic Schedule” with required signatures to appropriate campus administrator as directed on the form’s instructions.

Name		CSUN Student ID:	
Term:		Year:	
		Graduate Program:	
Phone		CSUN email:	
			@my.csun.edu

Authorization to Disclose Health Information

1. I authorize the use or disclosure of my health information in the medical documentation provided to professional staff in Student Affairs (Student Health Center, University Counseling Services, Disability Resources and Educational Services) and Academic Affairs (college offices, department offices, and the Office of Graduate Studies) at California State University, Northridge, 18111 Nordhoff Street, Northridge, CA 91330.
2. I understand that the information in my health record may include general information about physical, behavioral, or mental health, and/or treatment for alcohol and drug abuse.
3. I understand that if sufficient information to make a decision about my withdrawal is not provided in my health care provider’s letter, then the reviewing campus administrator may contact my health care provider.
 Student Signature _____ Date _____
 Semester(s) _____

Health Care Provider Guidelines:

The above named student is requesting a medical withdrawal from *some or all* of his/her courses at California State University, Northridge and has authorized the release of medical information. A letter (on letterhead) by a licensed health care provider verifying the student’s inability to continue class(es) must be submitted with the petition before the requested medical withdrawal can be considered. All correspondence from the student’s health care provider will be kept confidential.

In order for us to make a well informed decision as to whether we can grant this medical withdrawal request, we ask you to provide us with as much detail as possible regarding the clinical picture of the student’s condition. Please ensure the following information is addressed in the letter:

1. **Contact information of Health Care Provider: Name, Address, Phone number, and Practicing License Number.**
2. **Describe the serious illness or injury that is preventing the student from completing some or all of his/her classes.**
3. **From your clinical perspective, is there rationale for the student to withdraw from only part or all his/her classes?**
4. **If yes, please state your clinical rationale with some detail. Explain how the medical and/or psychological condition affects the class(es) the student is requesting to withdraw from.**
5. **Provide date(s) of examination for the condition claimed as the basis for medical withdrawal.**
6. **When do you believe the student will be well enough to resume his/her full time academic program?**

Frequently Asked Questions

Will my request be approved?

Changes in academic schedules after the Late Registration/Schedule Adjustment deadline for the current academic term and session are rarely approved and will be considered in cases where the student can provide **written proof of extraordinary circumstances** that have arisen from events beyond his or her control.

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. Any request received after the last day of the semester will be considered retroactive.

The following situations **ARE NOT considered extraordinary circumstances and **WILL NOT** be approved to justify a change in schedule after the Late Registration/Schedule Adjustment deadline for the current academic term/session:

- Failing the class or receiving less-than-desired grade;
- Waiting for the instructor to give a permission number;
- Failing to take action to add or drop a class prior to the end of the third week of instruction;
- Failing to make payment of registration and/or waiting for Financial Aid;
- The need to work because of financial considerations or opportunities;
- Encountering a situation that should have been anticipated, such as the need to have transportation or child care, the need to pay for ordinary living expenses;
- Aspirations of either the student or his/her family in regard to GPA, the dean's list, graduate school, scholarships, etc.;
- Dissatisfaction with course material, instructor, instructional method, or class intensity;
- Lack of motivation, change in academic interests, or change of major;
- Participation in extracurricular activities; or
- Academic overload and inability to keep up in all classes.

The following situations are typically the only ones that **WOULD meet the standard of extraordinary circumstances for which there is no viable alternative and would justify a change in schedule after the Late Registration/Schedule Adjustment deadline:

- Medical documentation that the academic schedule is detrimental to the student's physical or mental health
- Activation for compulsory military duty;
- Relocation out of the immediate area

How will I be notified of the decision and what should I do while waiting?

Associate Deans of Colleges will normally make their decisions within one week of receiving the form and will inform students of their decision by e-mail to their CSUN email address. Students should continue to attend class while waiting for decisions.

What will happen if my request is granted?

The Associate Dean will transmit approved decisions directly to Admissions and Records. Any courses for which withdrawals are approved will result in a W on student transcripts. Changes in the number of units might result in an increase in fees or a prorated refund. You will need to check your portal for updated fee information. The refund policy for regularly enrolled CSUN students can be found at [Student Finance Homepage](#). **Open University students** may visit: [Open University Homepage](#)