

Late Change in Academic Schedule for Graduate Students in Tseng College Courses/Open University

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 4.

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				Instructor's Signature	Last Date of Academic Activity
							Approve	Deny	Is this student passing?			
									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"/>								

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.

Dept. Chair/Grad. Program Coordinator Date	Associate Dean of Academic College Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	<input type="checkbox"/> Approve <input type="checkbox"/> Deny
Dept. Chair/Grad. Program Coordinator Date	Asst. Vice President of Graduate Studies Date
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	<input type="checkbox"/> Approve <input type="checkbox"/> Deny

**Late Change in Academic Schedule for Graduate Students:
 Instructions for 8 week Tseng courses/Open University**

Week	Non-Medical Add/Drop/Withdrawal	Medical Withdrawal
0-2	Tseng students simply contact their Tseng program manager	<p>Forms: (1) <i>Late Change in Academic</i>, (2) <i>Student Consent</i>, and (3) supporting medical documents</p> <p>Process: Submit completed forms to the Office of Graduate Studies in UN 275. Graduate Studies reviews and enters LAD. Student notified via CSUN email account.</p>
3+ and Retroactive	<p>Forms: Late Change in Academic Schedule (signed by Instructor and Assoc. VP of Grad Studies); plus supporting documents</p> <p>Process: Submit form to Lani Kiapos at lani.kiapos@csun.edu</p>	<p>Forms: Late Change in Academic Schedule (signed by Instructor and Assoc. VP of Grad Studies), (2) Student Consent, 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 before the VP of Graduate Studies for final approval.</p>

**Late Change in Academic Schedule for Graduate Students:
 Instructions for 16 week Tseng**

Weeks from Semester Start	Adding	Non-Medical Drop	Medical Withdrawal
1-4	<i>Register through student portal with permission number</i>	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>
5-12	<i>Register through student portal with permission number</i>	<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>
13+ and Retroactive	<p><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>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?**

Late Change of Academic Schedule for Graduate Students

Frequently Asked Question

Will my request be approved?

There is no guarantee that changes in academic schedule will be approved for courses once a term has started. Requests can only be considered when the student can provide written proof of extraordinary circumstances that have arisen from events beyond the student's control.

What kinds of situations are NOT considered "extraordinary circumstances"?

The following situations are insufficient for approval for late changes in academic schedule after courses have begun:

- (a) Failing the class or receiving a less-than-desired grade;
- (b) Waiting for the instructor to give a permission number;
- (c) Failing to take action to add or drop a class before the start of the term;
- (d) Failing to make payment of registration and/or waiting for financial aid;
- (e) The need to work because of financial considerations or opportunities;
- (f) Encountering a situation that should have been anticipated, such as the need to have transportation or child care or pay for ordinary life expenses;
- (g) Aspirations regarding the student's GPA, the dean's list, scholarships, etc;
- (h) Dissatisfaction with the course material, instructor, instructional method, or class intensity;
- (i) Lack of motivation, change in academic interests, or change in graduate program;
- (j) Participation in extracurricular activities, or
- (k) Academic overload and the inability to keep up in all classes.

What kinds of situations would be considered "extraordinary circumstances"?

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

What documentation is required for a partial medical withdrawal?

For any type of medical withdrawal, letters from doctors must be on letterhead with license number. Partial medical withdrawals will be permitted when there is a clear link between the class and the medical condition. Requests solely seeking a reduced course load without specific and focused medical justification do not demonstrate the required link.

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

Decisions are typically made within a week of dropping the documents off at the Associate Dean's Office or the Office of Graduate Studies. Students are informed of the final decision by email to their CSUN email address. Students should continue to attend class while waiting for decisions.

What will happen if my request is granted?

Approval decisions are transmitted directly to the Office of Admissions & Records. Any course for which withdrawals are approved will result in a W on the student's transcripts. Changes in the number of units might result in an increase in fees or a prorated refund. Students need to check their portal; if your program is through Tseng College please contact your program manager for updated fee information.

How is financial aid affected by changes in academic program?

Please contact Financial Aid before completing a withdrawal request to ensure that you understand the financial impact of your potential withdrawal. Your Financial Aid may be reduced or cancelled 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 from federal or state sources.

