Spring 2020 Late and Retroactive Change in Schedule for Undergraduate Students and Second Bachelor’s Students

Undergraduate and second bachelor’s students use this form to request a change of academic schedule only after the Late Registration/Schedule Adjustment deadlines for the current academic term. **For this semester’s deadlines, see: [www.csun.edu/admissions-records/late-add-drop-classes](http://www.csun.edu/admissions-records/late-add-drop-classes)**

**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 e-mail: ___________________________

Alternate e-mail: ___________________________

Requested Change:

<table>
<thead>
<tr>
<th>Nature of Request: (Select one option only)</th>
<th>Add and/or Drop Class(es)</th>
<th>Change in Basis of Grading</th>
<th>Complete Medical</th>
<th>Partial Medical</th>
<th>Last Date of Attendance requested: (mm/dd/yy)</th>
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<tbody>
<tr>
<td>Add (grade)</td>
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<td>Add (CR/NC)</td>
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<td>Drop</td>
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<td>Change Grade Basis</td>
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<td>Department and Course Number</td>
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<tr>
<td>5-digit Class Number</td>
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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 [https://www.csun.edu/undergraduate-studies/impact-academic-schedule-changes](https://www.csun.edu/undergraduate-studies/impact-academic-schedule-changes).

Student Signature: ___________________________

Date: __________

Associate Vice President of Undergraduate Studies Signature: ___________________________

Date: __________

Approved: ☐  Denied: ☐

Withdrawals are not permitted during the final 3 weeks of instruction or thereafter except in cases such as an accident or serious illness where the cause of the withdrawal is clearly beyond the student’s control and the assignment of an Incomplete grade is not practical. Withdrawals will not be granted if the student has taken final exams. Petitions requesting retroactive withdrawals beyond 1 year of the conclusion of the semester for which the withdrawal is requested will not be considered.

**Instructions:**

1. Include a statement that describes the serious and compelling reason for your request and the consequences to you if your request is not granted.
2. Please submit documentation, if available, supporting your clear and compelling reason for dropping your courses. Medical requests must include documentation and a signed **Student Consent and Health Care Provider Guidelines** form available at [www.csun.edu/sites/default/files/UGS_pmw_healthprovider.pdf](http://www.csun.edu/sites/default/files/UGS_pmw_healthprovider.pdf).
3. Forms and documents should be submitted to the Office of Undergraduate Studies at ugs@csun.edu from your CSUN email account.