

Late and Retroactive Change in Academic Schedule for Undergraduate and Second Bachelor's Students

Download, save and complete this form to request a change in schedule only after the Late Registration and Schedule Adjustment deadlines for the current academic term. You may also request a **retroactive** change for a prior term with this form. For this semester's deadlines, see www.csun.edu/current-students/register/late-register/change-deadlines.

About Withdrawals:

Withdrawals are not permitted during the final 3 weeks (Last 20%) 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 or if they are found, at any time, to have committed academic dishonesty in the class(es). Petitions requesting retroactive withdrawals beyond 1 year of the conclusion of the semester or term 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.
- 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.
- 4. To **add** one or more classes after Week 12 of the current fall of spring term, retroactively for a prior term, or after the published deadline to add in summer or winter terms, request an EMAIL of approval from your instructor, the department chair, or the associate dean of the college offering the course, and attach the approval to this form.
- Email form(s), documents, and approvals (if adding) to the Office of Undergraduate Studies at ugs@csun.edu from your CSUN

Personal Dat	a: PR	INT or TYPE	CLEARLY (forn	n will no	ot be accepted if illegibl	le)			
First and Last Name:					CSUN Student ID:				
Term (check one): Phone:		Sp Su Fa Wi			Year: Major:				
		CSI	JN email:						
Nature of Y	our Request	t – Select on	e option only:						
Add/Drop Class(es) Change Grading Basis) Basis	Complete Medical Withdrawal Partial Medical Withdrawal				
Requested Cl	hanges:								
Add (Grade)	Add (CR/NC)	Drop	Chan Grade E	-	Department and Course Number	5-Digit Cla Number		Last Date of Attendance during term (mm/dd/yy):	
(Grade)	(CR/NC)		Grade	Da515	Course Number	Number	during te	ann (mm/aa/yy).	
Aid, Campus account bala request and t	Housing, in nce in myNo hat the cha	ternational orthridge Po	student status,	and mo		one or more classif any. I unders	sses is approved, I v	will check my	
Student Signature						ate	_ Approved:	Denied:	
								-	