



Summer 2020 Late and Retroactive Change in Schedule for Undergraduate and Second Bachelor's Students (Temporary Form)

Download, save and complete this form to request a change in schedule only after the **summer term deadlines** published at [self-support Tseng College](#) and [state-support or Year-Round Cohort Programs](#). You may also request a **retroactive** change for a prior term; see deadlines at [Late Add-Drop Classes](#).

Personal Data: **PRINT CLEARLY** (form will not be accepted if illegible)

First and Last Name: _____ CSUN Student ID: _____

Term (check one): Sp Su Fa Wi Year: _____ Major: _____

Phone: _____ CSUN email: _____@my.csun.edu Alternate email: _____

Requested Change:

<i>Nature of Request:</i> <small>(Select one option only)</small>	Add and/or Drop Class(es)	Change in Basis of Grading	Complete Medical	Partial Medical	Last Date of Attendance during term requested: (mm/dd/yy) _____
Add (grade)	Add (CR/NC)	Drop	Change Grade Basis	Department and Course Number	5-digit Class Number

I have reviewed [Precautions for Reducing Units](#) and [Impact of Academic Schedule Changes](#) for the possible effects on my Financial Aid, Campus Housing, international student status, account balance (if adding units), and more. I understand the consequences of my request and that the change will not be reversed once it is processed.

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 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.
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.
3. Forms and documents should be submitted to the Office of Undergraduate Studies at ugs@csun.edu from your CSUN email account.