



Medical Withdrawal Verification in Weeks 1-4 for Undergraduate and Second Bachelor's Students

Complete this form (1) to verify a complete or partial medical withdrawal during the first 4 weeks of fall or spring classes (find [late registration/schedule adjustment dates](#)) and (2) to request a medical withdrawal (WM) notation on your CSUN record. The notation will not appear on the transcript but allows **continuing** students who do not re-enroll in the next 2 subsequent semesters to request an extension on the [leave of absence policy](#). **First-semester** students who withdraw in the first 4 weeks will need to **reapply** for admission to CSUN.

If your absence will last longer than the next 2 consecutive semesters, you may request a leave of absence extension from [Records and Registration](#).

What do I need in addition to this form and where do I send the completed request?

1. Print out your class schedule and attach it. Log into myNorthridge Portal at www.csun.edu. On the Academics tab, locate the "My Current Classes" box and select "Print View." Include your schedule even if it shows that you are not registered in any classes.
2. Attach written documentation or evidence that supports your medical withdrawal during Weeks 1-4. The medical documentation must be on your health care provider's letterhead and verify your condition and the reason for withdrawal.
3. Also complete the [Medical Withdrawal: Student Consent and Health Care Provider Guidelines \(.pdf\)](#) form to authorize the release of your health records.
4. Send all completed forms and documents to the Office of Undergraduate Studies at ugs@csun.edu from your CSUN email account or deliver in person to Valera Hall (VH) Room 215. Helpful: [How to File a Form](#)

Personal Data: *PRINT or TYPE 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 Changes:

Complete Medical Withdrawal	Partial Medical Withdrawal	Department and Course Number	5-Digit Class Number	Last Date of Attendance during term (mm/dd/yy):

I understand that a 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 of withdrawing because once a change is processed, the decision cannot be reversed. To learn how the change in schedule may affect me, I will review [Precautions for Reducing Units](#) and [Impact of Academic Schedule Changes](#).

Student Signature **Date**

Associate Vice President of Undergraduate Studies Signature **Date** **Approved:** **Denied:**