



4th Week Change of Schedule Petition for Undergraduate Students

This form will **not** be accepted before or after the 4th week of classes in the fall and spring semesters.

Fall Semester: 4th Week Schedule Adjustment is September 17–21, 2018.

| | | | | | |
|--|--|---|---|--|---|
| Late Registration: Obtain signatures of instructor and department chair on this form and file with Admissions & Records (BH 100) no later than 4:00 pm on Friday, Sept. 21, 2018. Late fee: \$25.00 | Add a Class: Obtain signatures of instructor and department chair on this form and file with Admissions & Records (BH 100) no later than 4:00 pm on Friday, Sept. 21, 2018. Pay fees in person at time of registration. | Basis of Grading: Obtain signatures of instructor and department chair on this form and file with Admissions & Records (BH 100) no later than 4:00 pm on Friday, Sept. 21, 2018. | Drop a Class: Obtain signatures of instructor and department chair on this form and file with Admissions & Records (BH 100) no later than 4:00 pm on Friday, Sept. 21, 2018. No refunds for partial withdrawals. | Complete Withdrawal: Obtain signatures of instructor and department chair on this form and file with Admissions & Records (BH 100) no later than 4:00 pm on Friday, Sept. 21, 2018. Check eligibility for a prorated refund with University Cash Services: www.csun.edu/stufin . | Medical Withdrawal: Obtain signatures of instructor and department chair on this form for partial or complete medical withdrawal and file with Undergraduate Studies (UN 215) no later than 4:00 pm on Friday, Sept. 21, 2018. Check eligibility for a prorated refund with University Cash Services: www.csun.edu/stufin . |
|--|--|---|---|--|---|

PRINT CLEARLY (form will not be accepted if illegible): –

| | | | | |
|---------------------------------|------------|--------------------------------|--|--|
| Last Name | First Name | Middle | CSUN ID Number | Telephone () |
| Plan (major) | CSUN email | Alternate email | Last date attended (medical withdrawal only) | |
| Total units BEFORE ANY changes: | | Total units AFTER ALL changes: | | <input type="checkbox"/> Financial Aid Recipient |

REQUESTED CHANGE(S):

| (Check appropriate boxes.) | | | | | | Dept & Course Number | 5-digit Class Number | INSTRUCTOR RECOMMENDATION | | DEPT CHAIR RECOMMENDATION | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|----------------------|---------------------------|--------------------|---------------------------|------|------------|--------------------|
| Add (grade) | Add (CR/NC) | Drop | Medical Drop | Change to Grade | Change to CR/NC | | | Print Name | Sign Name and Date | Approve | Deny | Print Name | Sign Name and Date |
| <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"/> | <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"/> | | | | | | | | |

I understand that reducing the number of enrolled units may affect my eligibility for Financial Aid, Campus Housing, International Student Status and more. A Financial Aid student who reduces the number of units or completely withdraws (including medical withdrawal) may be subject to REPAYMENT. Reducing units or withdrawing from courses may also impact Satisfactory Academic Progress (SAP). To learn the consequences of changing my schedule, I will check with each office and review "Academic Program Changes" at www.csun.edu/undergraduate-studies/academic-program-changes.

Student Signature: _____

Date: _____