

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

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Late Registration:					dd a C		Basis of Grading:	Drop a Class:		Complete Withdrawal:				Medical 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 , February 14 , 2020. Late fee: \$25.00				ir d th th ds A (I 4 F	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 , February 14 , 2020. Pay fees in person at time of 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, February 14, 2020.	Obtain signatures of instructor and department chair on the form and file with Admissions & Records (BH 100) no later that 4:00 pm on Friday, February 14, 2020. No refunds for partial withdrawals.	and form Reco	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 , February 14 , 2020. Check eligibility for a prorated refund with University Cash Services: www.csun.edu/stufin .		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 , February 14 , 2020. Check eligibility for a prorated refund with University Cash Services: www.csun.edu/stufin .				
ΥP	E or I	PRIN	IT CL	.EARL	.Y (for	m will not be a	ccepted if illegible):									
Last Name							First Name	Middle		CSUN ID Number			Area Code + Phone			
Pla	ın (m	ajor)				CSUN en	nail address	Alternate em	ail			Last date at	tended (m	edical withdi	rawal d	only)
То	tal un	its B	EFOR	RE AN	Y chan	ges:	Total Units AFTER A	LL changes:		Financi	al A	id recipient?	Yes	No		
EQ	UEST	ED (CHAN	NGE(S	5): Che	eck appropriate	e box for each course	change and provide c	ourse nam	ne, num	ber	and class num	ber (e.g., l	310L 350, 1	7458).	
(Grade) Add (CR/NC)		٩	Medical Drop	Change to Grade	Change to CR/NC	Dept & Course	5-Digit Class	INSTRUCTOR RECOMMENDA Print Name		Date Date		DEPT CHAIR RECOMME			Approve	λ.
(Gra	Add (CR,	Drop	Med	Chal to G	Cha to C	Number	Number	Sign Name	Date	Арр	Deny	Sign Name		Date	App	Deny
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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:		
Admissions & Records, Bayramian Hall Lobby (BH 100), Telephone (818) 677-3700	4 th wkpetition (sf) 1/16/2020	Received by A&R:	