

WITHDRAWAL FORM
Office of the Registrar

Net ID _____

Name _____
 (Last) (First) (Middle Initial)

Phone Number _____

IMPORTANT: Undergraduate students may only withdraw from a total of **28 units** beginning Fall 2009. The current total can be viewed in MyCSUEB. Withdrawal forms are accepted after the Late Add Period has ended until the seventh week deadline. Forms received after the deadline will not be processed.

I have verified that including the units listed on this form I have not exceeded the 28 unit limit. I understand that if the limit has been reached this withdrawal request will not be processed (unless the term withdrawal is due to the student's medical condition and third party medical documentation is attached and approved by the Office of the Registrar).

Fall Winter Spring Summer Term _____ Year

Individual course(s) **or** From Term (withdrawal from all courses)

F1/J1 International Student No Yes If yes, student must obtain approval from CIE or the withdrawal may be revoked

 CIE Name CIE Signature Date

Must state reason for the withdrawal. If the withdrawal is from the term and is due to the student's medical condition, third party medical documentation on letterhead must be attached to this form at the time of submission. The dates and explanation on the documentation must clearly demonstrate how the condition prevented the student from completing the course(s). If approved by the Office of the Registrar, the units will not count toward the 28 unit limit. Students may not submit medical documentation retroactively past the seventh week deadline using this form.

Class No.	Course I.D. (Dept., Course No., and Section)	Instructor's Signature and Date (Required)	Department Stamp (Required)

Instructor signature AND department stamp are required. Incomplete forms will not be processed. Submit completed form to the Enrollment Information Center in the Student Administration Building. Concord campus: Obtain instructor signature and submit form to the Academic Services Lobby.

I request to be withdrawn from the course(s) indicated above for the term indicated. I have obtained all necessary approvals and have verified that including the courses listed on this form I will not exceed the 28 unit withdrawal limit (if undergraduate student). I understand that if I have met or exceeded the 28 unit limit or the form does not contain all the necessary approvals the withdrawal will not be processed unless the student's medical condition justifies the withdrawal.

Student Signature (REQUIRED) Please retain a copy of this form for your records. _____ **Date**

For Office Use Only: Approved Not Approved _____

Coded By: _____ Date: _____