

IMPORTANT NOTICE:

F1 and J1 STUDENTS:

Approval required from CIE

CIE Signature

Date

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 Add/Drop 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 reason 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 Quarter _____ Year

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

Must state reason for the withdrawal. If the withdrawal 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 student information lobby, Warren Hall, first floor. Concord campus: Obtain instructor signature and submit form to the academic services lobby. Please retain a copy of this form for your records.

I request to be withdrawn from the course(s) indicated above for the quarter indicated.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)

Date

For Office Use Only:

Approved Not Approved _____

Coded By: _____ Date: _____