



Withdrawal from Term Request

California State University, Bakersfield
 Office of Admissions and Records
 9001 Stockdale Highway | Bakersfield, CA | 93311-1099
 (661) 654-3036 | Fax (661) 654-3389

NO WITHDRAWAL IS PERMITTED DURING THE LAST 3 WEEKS OF CLASSES

Name: _____ Date: _____

Campus ID #: _____ Phone Number: (____) _____

Address: _____

TO BE COMPLETED BY STUDENT						Instructors Signature Required after 3 rd week of classes
CRN #	DEPARTMENT	NO.	SEC.	UNITS	INSTRUCTOR	

Please state reason for withdrawing: _____

Students Signature: _____

1. Dept. Chair/ School Dean *: _____
Clearance Signature Date

2. Financial Aid Office *: _____
Clearance Signature Date

3. Accounting Office *: _____
Clearance Signature

* = Required after 3rd week of classes.

(Refer to class schedule for University Refund Policy)

Fees For Quarter

Paid: _____

Not Paid: _____

4. Health Center: _____
(Needed only if withdrawal is for health reasons) Clearance Signature Date

5. AVP, Enrollment Management (SA 101): _____
(Required after 7th week of classes) Clearance Signature Date

6. Records Office (within Admissions and Records): _____
(Official Date of Withdrawal) Signature Date Processed

Note: Be sure that you have cleared all departmental lockers, such as P.E., Chemistry, etc., and have turned in all equipment issued to you, and have secured a statement of shortages of breakage, if such have occurred. If you have any obligations to the University at the time of withdrawal, your academic records will be encumbered until cleared