REQUEST FOR MEDICAL WITHDRAWAL

University Withdrawal Policy includes a provision for a student who becomes seriously ill or injured, or is hospitalized and hence unable to complete the academic term, to request a medical withdrawal. To the extent possible, you are encouraged to consult with the instructor of each course you are withdrawing from. This medical withdrawal request is only valid for one academic semester.

Name: ____________________________________________________________    CSUB ID: ______________________________
Last Name               First Name               Middle Initial

Email: ____________________________________________________________    Phone: ______________________________

Student Major: ______________________________________________  School: _______________________________

☐ Term Withdrawal        ☐ Retroactive Add         ☐ Retroactive Withdrawal        ☐ Individual Course Withdrawal

Term: ☐ Fall     ☐ Winter      ☐ Spring     ☐ Summer     Year: _______    Level: Undergraduate: ☐    Graduate: ☐

I have read and understand the instructions on the reverse side of this form. My signature below authorized my healthcare provider to release necessary information to the University related to this request. Furthermore, I understand that my healthcare provider may be contacted for verification purposes.

Student's Signature: _________________________________________ Date: _____________________________________

REQUIRED APPROVALS AND SIGNATURES

Dean or Designee Approval: ____________________________________    (Required)    (Date)

Financial Aid Notified & Contacted: _____________________________    (Required only if student is doing a complete or retroactive term withdrawal)    (Date)

Student Financial Services Stamp & Contact: ______________________    (Required for changes after Census Day)    (Date)

AVP, Enrollment Management Approval: ____________________________    (Required)    (Date)

Admissions & Records Office Use Only:

Processed By: ___________________________________________ Date: __________________

This is the official Admissions and Records Request for Medical Withdrawal Form and supersedes all and any previous forms from any CSUB department. (03/2018)
REQUEST FOR MEDICAL WITHDRAWAL (SUPPLEMENTAL)

Part I – Student Information

Student Name: ___________________________________________  CSUB ID: ____________________________

E-mail: ___________________________________________________  Phone #: ____________________________

Medical Withdrawal Physician Statement

To Physician or Healthcare Provider: __________________________ is requesting a medical withdrawal from his or her classes at California State University, Bakersfield and has authorized you to release information in response to the questions below. A Statement of Disability must be completed by a physician or licensed healthcare provider and submitted to the CSUB Admissions and Records Office before the requested medical withdrawal can be considered. Serious permanent or temporary illness or injury is the only acceptable basis for a medical withdrawal. You may be contacted to verify information provided. Information contained in this form is considered private and confidential.

Part II – To be Completed by Physician or Healthcare Provider (Please Print)

Name of Physician or Healthcare Provider: ___________________________  Phone: ____________________________

Street Address: ___________________________________________ City: ___________________________ State: ______ Zip: ____________

1. Describe the serious illness or injury that is preventing the student from completing the semester and why.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

2. When did this illness/injury occur?

________________________________________________________________________________________________________

3. Dates of examination for the condition claimed as the basis for the medical withdrawal.

________________________________________________________________________________________________________

4. When do you believe the student will be well enough to resume his/her academic program?

________________________________________________________________________________________________________

5. What treatment is the student undergoing?

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Signature: ___________________________________________ Date: ___________________________ License #: ____________________________
Instructions for Medical Withdrawal Request Form

Division of Enrollment Management, California State University, Bakersfield

Students wishing to withdraw from all classes should use this form beginning on the 3rd week of instruction. Withdrawals prior to the 3rd week of instruction may be performed online on myCSUB. Beginning on the 7th week through the end of the term additional justification is required and must accompany this form.

Students are responsible for withdrawing from the classes they are not attending. Failure to attend class will not automatically withdraw you from the class and will result in a grade of “WU” – Withdrawal Unauthorized and is calculated into your GPA as an “F”.

Beginning Fall 2009 quarter the number of course withdrawals will be limited in accordance with Executive Order 1037 (EO 1037) directed by the Chancellor of the California State University system on September 8, 2008:

Undergraduate students may withdraw from no more than 28 quarter-units. Only units attempted at CSU Bakersfield apply toward the 28 quarter-unit maximum limit. These units include courses taken through Open (Extended) University.

Withdrawals after the census date (refer to the Academic Calendar) will result in a grade of "W".

Withdrawals after the 7th week of instruction must be for accident or serious medical illness where the cause for the withdrawal is clearly beyond the student’s control and the assignment of an Incomplete (I) grade is not practicable. Withdrawals of this nature must be submitted using a completed Medical Withdrawal Form and additional proper documentation indicated on the form. Approved withdrawals of this nature will not count against the 28 quarter-unit maximum limit.

For detailed information on EO 1037 please visit the Student Success and Retention Center – Administration East Building, AE101, and (661) 654-2700.

Procedure for using this form beginning on the 3rd week of classes

1. Complete the MEDICAL WITHDRAWAL REQUEST FORM (this form).

2. Complete and sign Part I and the student information on Part II.

3. Ask your physician or licensed healthcare provider to complete and sign Part II. Separate documentation from your healthcare provider may be submitted. Part II must be submitted together with Part I.

4. Obtain approval signatures from your Department Chair or School Dean and Associate Vice President of Enrollment Management.

5. Submit the completed form to the Admissions and Records Office, Student Services building, SA 47, for processing.

If your request is approved, a grade of "W" will appear on your transcript for all enrolled courses.

Students on financial aid should understand the impacts of withdrawal on any awards received. Contact the Office of Financial Aid and Scholarships, Student Services Building – SA114, (661) 654-3016.

Review the published dates for specific deadlines for withdrawing on the Academic Information & Policies page at: www.csub.edu/documents/academic_info_and_policies/ or the campus Academic Calendar.