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.
Medical Withdrawal Request Form

California State University, Bakersfield
Division of Enrollment Management, Student Services, SA 101
9001 Stockdale Highway
Bakersfield, California 93311-1022
Tel. (661) 654.2147 | Fax. (661) 654.3389 | Website: www.csusb.edu/admissions

University Withdrawal Policy includes a provision for 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 quarter.**

**Deadlines:** Refer to the Academic Information & Policies webpage at: [www.csusb.edu/documents/academic_info_and_policies/](http://www.csusb.edu/documents/academic_info_and_policies/) or the campus Academic Calendar. **See the reverse side of this form for specific instructions and guidelines.**

Name: _______________________________ CSUB ID#: __________________

Last  First  Middle

Phone: (Home) ____________________________ (Work/Cell) ___________________

Address: __________________________________________ Email: ____________________________

City and State: ____________________________ Zip Code: __________________________

Term of Withdrawal: Fall 20_______ Winter 20_______ Spring 20_______ Summer 20_______

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<tr>
<th>Class Number</th>
<th>Course</th>
<th>Section</th>
<th>Units</th>
<th>Instructor’s Name</th>
<th>Instructor’s Signature</th>
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**REQUIRED APPROVALS AND SIGNATURES (after 3rd week of instruction):**

1. Department Chair/School Dean ____________________________________________________________

   Name __________________ Signature and Date __________________

2. Associate VP, Enrollment Management ____________________________________________________

   Name __________________ Signature and Date __________________

**I have read and understand the instructions on the reverse side of this form. My signature below authorizes 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. If you are unable to obtain approvals or signatures due to health or medical reasons, please contact Admissions and Records Office at (661) 654-3036 for assistance.**

Student’s Signature: ____________________ Date: ____________________

**OFFICE OF ADMISSIONS AND RECORDS USE ONLY:**

Processed by __________________________ Date: ____________________

Revised: 03/2012
Submit this form to your physician or healthcare provider for completion.

PART I – STUDENT INFORMATION

Name: _______________________________ Date: _______________________________

CSUB ID#: _______________________________ 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 quarter.

2. Why is this illness/injury preventing the student from preventing the term?

3. When did this illness/injury occur?

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

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

6. What treatment is the student undergoing?

Signature: _______________________________ Date: _______________________________ License #: _______________________________