INSTRUCTIONS FOR WITHDRAWAL FROM ALL CLASSES REQUEST

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 WITHDRAWAL REQUEST FROM ALL CLASSES FROM (this form).
2. Review your request with your instructors. If he/she approves, obtain their signature on this request.
3. Review your request with your Department Chair or School Dean. If he/she approves, obtain their signature on this request.
5. Obtain approval from the Associate Vice President of Enrollment Management, Student Services Building – SA 101.
6. 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 deadline dates for withdrawing on the Academic Information & Policies page at: www.csub.edu/documents/academic_info_and_policies/ or the campus Academic Calendar.
Use this form to request for withdrawal from all classes. If you want to drop from a specific course and not from all, use Add/Drop Form. If you are withdrawing from the term due to serious medical illness, you must use Medical Withdrawal Request Form.

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 _______

TO BE COMPLETED BY STUDENT

<table>
<thead>
<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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Reason for withdrawal: __________________________________________________________________________
______________________________________________________________________________________________

(You must attach additional written justification if you are requesting this after 7th week of instruction. See details on the reverse.)

REQUIRED APPROVALS AND SIGNATURES (after the 3rd week of instruction):

1. Department Chair/School Dean __________________________________ Date: ____________________
2. Financial Aid Office __________________________________________ Date: ____________________
3. Cashier’s Office ____________________________________________ Date: ____________________
4. Associate VP, Enrollment Management __________________________ Date: ____________________

_I have read and understand the instructions on the reverse side of this form and impact of this withdrawal on my student records._

Student’s Signature: ________________________________  Date: ____________________

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Processed by ________________________________  Date: ____________________

Revised: 03/2012