

Withdrawal Form

Office of the Registrar

Undergraduate students may only withdraw from a total of <u>**18 semester units**</u> beginning Fall 2018. The current total can be viewed in MyCSUEB. Withdrawal forms are accepted after the Late Add Period has ended through the end of 12th week for Spring and Fall semesters, and through the end of 6th week for Summer. Forms received after the deadline will not be processed.

Instructions: Submit completed form with all approvals to the Office of the Registrar in one of the following ways:

- a) In person at the Enrollment Information Center, SA Bldg (Hayward), or the Academic Services Lobby (Concord)
 b) Fax to the Office of the Registrar at 510-885-3816
 - c) Email to reg@csueastbay.edu

Net ID	Phone Number				
Name					
(Last)	(First)	(Middle Initial)			
□ I verify that including the units listed on has been reached then this withdrawal required medical condition and third party medical	est will not be processed (unless the ter				
TERM: Spring Summer Fall	☐ Winter Intersession YEAR: _				
Type of Withdrawal Request: 🛛 Individu	ual course(s) or D From the T	erm (withdrawal from all courses)			
F1/J1 International Student? No Yes If yes, student must obtain approval from CIE or withdrawal may be revoked					
CIE Name:	CIE Signature:	Date:			
Are You a Freshman ? 🗌 No 🔲 Yes	If yes, obtain approval from your Freshm	nan Advisor or go to the GE Office.			
Freshman Advisor Signature:	Date:				
party medical documentation on letterhead	must be attached to this form <u>at the time</u> e how the condition prevented the studen	s due to the <u>student's</u> medical condition, third <u>of submission</u> . The dates and explanation on it from completing the course(s). If approved it. Students may not submit medical			

documentation retroactively past the withdrawal 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.

I request to be withdrawn from the course(s) indicated above for the term indicated. I have obtained all necessary approvals and have verified that including the courses listed on this form I will not exceed the 18 unit withdrawal limit (if undergraduate student). I understand that if I have met or exceeded the 18 semester 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):

For Office Use Only:	□ Approved	Processed by:	Date:
□ Not Approved			

Date: