Withdrawal Form
Office of the Registrar

Undergraduate students may only withdraw from a total of **18 semester units** 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 this form, I have not exceeded the 18 semester unit limit. I understand that if the limit has been reached then this withdrawal request will not be processed (unless the term withdrawal is due to the student’s medical condition and third party medical documentation is attached and approved by the Office of the Registrar).

TERM: ☐ Spring ☐ Summer ☐ Fall ☐ Winter Intersession YEAR: __________

Type of Withdrawal Request: ☐ Individual course(s) or ☐ From the Term (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, student must obtain approval from a Freshman Advisor

Freshman Advisor Signature: __________________________ Date: __________

**State reason for the withdrawal (required):** If the withdrawal is from the term and is due to the student's medical condition, third party medical documentation on letterhead must be attached to this form at the time of submission. The dates and explanation on the documentation must clearly demonstrate how the condition prevented the student from completing the course(s). If approved by the Office of the Registrar, the units will not count toward the 18 semester unit limit. Students may not submit medical documentation retroactively past the withdrawal deadline using this form.

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____________________________________________________________________________________
____________________________________________________________________________________
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Class No. | Course I.D. | Instructor’s Signature and Date (Required) | Department Stamp (Required)
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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): __________________________ Date: __________

For Office Use Only: ☐ Approved Processed by: __________________________ Date: __________
☐ Not Approved __________________________ Date: __________