

CATASTROPHIC WITHDRAWAL REQUESTS – BEYOND STUDENT’S CONTROL

A Catastrophic Withdrawal Request may be submitted in circumstances outside the student’s control in which a serious catastrophic personal life situation prevents the student from continuing classes and Incompletes or other arrangements with the instructors are not possible. Catastrophic Withdrawal is intended to be considered on a case-by-case basis; it is not intended to be used more than once. Normally, consideration is for a complete withdrawal from a given term. All requests for Catastrophic withdrawal require thorough and credible documentation. If approved, Catastrophic Withdrawal will be noted on the transcript with a symbol of **WE**. If it is necessary for a student to be out more than one semester, the student may be eligible for an [Educational Leave](#). For details, visit the Enrollment Services [website](#).

DEADLINE: The Catastrophic Withdrawal Request must be submitted as early as possible after the catastrophic event has occurred but no later than the last day of classes in the term in which the event occurred.

PROCEDURE:

1. Complete and sign Part I.
2. Complete the appropriate Petition to Withdraw and obtain the required signatures.
3. Provide documentation to support the catastrophic event, e.g., a copy of the death certificate of student’s immediate family member.
4. Submit the completed forms to Enrollment Services, BH-101, as soon as possible but **no later than the last day of classes of the requested withdrawal term**.
5. If you are receiving financial assistance, you are strongly encouraged to consult with a Financial Aid Officer to identify and understand the financial aid and monetary implications of submitting this withdrawal request.

PART I - to be completed by student (please print)

Last Name: _____	First Name: _____	MI: _____
Campus ID Number: _____	Email Address: _____	
Street Address: _____	City: _____	Zip: _____
Telephone: _____	Currently hold F1 or J1 Visa: Yes: _____	No: _____
Term of Requested Catastrophic Withdrawal:		
Fall 20 _____	Winter 20 _____	Spring 20 _____ Summer Session 20 _____

Please read carefully before signing below:

- ✓ I understand that both sides of this form must be completed in full and submitted by the deadline.
- ✓ If approved, symbols of **WE** will be posted to my academic record.
- ✓ The **WE** units will not be subject to CSULB’s Undergraduate Withdrawal Limit.
- ✓ A refund, if any, will be calculated according to the California Code of Regulations.
- ✓ Financial Aid recipients may have to repay all or part of their award; I have conferred with the Financial Aid Office.
- ✓ Approval of this request may affect visa status for international students. If applicable, I will contact International Student Services at CIE-Student@csulb.edu.
- ✓ Falsification of information may lead to disciplinary action by the University.

By signing this request, I commit that I have read the withdrawal policy and understand the possible ramifications on Financial Aid.

Student Signature: _____ **Date:** _____

Office of the Provost:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Hold	<input type="checkbox"/> Denied
Signature: _____	Date: _____		

CATASTROPHIC WITHDRAWAL REQUEST – BEYOND STUDENT’S CONTROL
STUDENT'S STATEMENT

Student Name: _____ **Campus ID:** _____

In support of your request for a withdrawal from all classes based on catastrophic circumstances beyond your control, please provide a written explanation with supporting documentation that may assist in verifying the circumstances, e.g., a copy of the death certificate of an immediate family member. Be sure to address all of the following items. This form must be completed and submitted to Enrollment Services as soon as possible but no later than the last day of classes in the requested withdrawal term.

Part II - (Please print)

1. Last date you were able to attend class:

2. Date(s) of catastrophic circumstance beyond your control:

3. Why / how this catastrophic circumstance prevented you from completing your course work:

4. Date of your anticipated return to school:

5. Explanation regarding the supporting documentation included in this request: