

IMPORTANT INFORMATION:

PETITION TO WITHDRAW FROM CLASSES IN FINAL THREE WEEKS* OF INSTRUCTION

*(Last week of instruction for Winter, May and Summer Sessions)

Before requesting to withdraw, students should consider the consequences of taking such action and consult with their academic advisor. A withdrawal generally will impact progress towards degree, future course enrollment and financial aid eligibility.

- Students are responsible for withdrawing from classes they are not attending. Failure to do so will likely result in a grade of **F** or **WU** (a **WU** is treated as an **F** for GPA calculation).
- Financial aid recipients who withdraw from all classes in a term may be responsible for repayment of all or part of their aid.

CSULB'S Undergraduate Withdrawal Limit

Students may withdraw with a symbol of **W** from a maximum of **18 units** during their undergraduate career, including special sessions, [CCPE](#) enrollment and re-enrolling after separation from the University. Classes withdrawn with a symbol of **W** prior to Fall 2009 or from other institutions do not count toward the limit. Once the limit is reached, the student can no longer withdraw and must remain enrolled in the class(es). Students who cease attending class may be assigned a **WU** or **F** for the class (a **WU** is treated as an **F** for GPA calculation). Exceptions to the limit will be considered only in rare cases of extraordinary need and documented circumstances, and must be requested in a [Petition for Exception to Academic Policy](#).

Withdrawing During the Final Three Weeks of Instruction (Catastrophic Withdrawal)

Withdrawal during the final three weeks of instruction is not permitted unless there are circumstances beyond the student's control in which a serious personal life situation, illness or accident prevents the student from continuing in their classes, and Incompletes or other arrangements with instructors are not possible. **Such requests require thorough and credible documentation, involve withdrawal of all courses in the term, and are not intended to be made more than once during a student's academic career.** In order to be considered, requests for Catastrophic Withdrawals require support from the instructor, Chairperson of the department offering the class, and the Dean of the college in which the class is taught. Final approval can be granted only by the Office of the Provost.

The student must submit the appropriate **Catastrophic Withdrawal Request – Medical** or **Catastrophic Withdrawal Request – Beyond Student's Control** in addition to this petition. If approved as a Catastrophic Withdrawal, symbols of **WE** will appear on the transcript for every withdrawn course and the withdrawn units will not apply toward the Undergraduate Withdrawal Limit. If the request to withdraw is approved but does not qualify as a Catastrophic Withdrawal, symbols of **W** will be assigned and the withdrawn units will apply toward the Undergraduate Withdrawal Limit.

All required documentation must be submitted no later than the last day of classes in the requested withdrawal term.

PETITION TO WITHDRAW FROM CLASSES IN FINAL THREE WEEKS* OF INSTRUCTION

*(Last week of instruction for Winter, May and Summer Sessions)

Please carefully review the *Important Information* (on reverse) before submitting this request. Students should consider the consequences of withdrawing and consult with their academic advisor before taking such action, as a withdrawal generally will impact progress towards degree, future course enrollment and financial aid eligibility.

1. Complete this form and the appropriate **Catastrophic Withdrawal Request** (either **Medical** or **Beyond Student's Control**). Both this Petition and the Catastrophic Withdrawal Request must be submitted.
2. Review this request with your instructor. If he/she approves, obtain the Instructor's signature on this form.
3. Review this request with the Chairperson of the department offering the course. If he/she approves, obtain the Chairperson's signature on this form.
4. Review this request with the Dean of the college offering the course. If he/she approves, obtain the Dean's signature on this form.
5. Submit all original documents to Enrollment Services, Brotman Hall 101, as soon as possible but no later than the last day of classes in the requested withdrawal term.

| | | | | | |
|--|---------------------------|----------------|------------------|---------------------|-------------------------|
| Campus ID: _____ | Term: FALL 20_____ | WINTER 20_____ | SPRING 20_____ | SUMMER 20_____ | Telephone: _____ |
| Last Name: _____ | First Name: _____ | | MI: _____ | Email: _____ | |
| Student Program: Undergraduate <input type="checkbox"/> Credential <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____ | | | | | |

Reason for Withdrawal: Indicate the serious and compelling reason(s) for your withdrawal request. If appropriate, attach documentation.

| | Class Number | Course Subject & Number | Section | Units | Instructor's Signature | Date | Chairperson's Signature | Date | Dean's Signature | Date |
|---|------------------|-------------------------|---------------|---------------|----------------------------------|------|-------------------------------------|------|------------------------------|------|
| | Example: 1234 | Example: PSY 100 | Example: 1 | Example: 3 | Example: Instructor Signature | | Example: Chairperson's Signature | | Example: Dean's Signature | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |

Student Signature: _____

Date: _____

Enrollment Services Office Use Only

TBR Input by: _____ Date: _____

CWR M BSC

CATASTROPHIC WITHDRAWAL REQUEST – MEDICAL

A Catastrophic Withdrawal Request may be submitted in circumstances outside the student’s control in which serious illness or accident 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. Have this form completed and signed by your health care provider (Part II on reverse) in order for your appeal to be considered. Your health care provider may submit this information directly to Enrollment Services via FAX (562-985-4973).
4. All information must be submitted 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 appeal.

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

Form with fields for Last Name, First Name, MI, Campus ID Number, Email Address, Street Address, City, Zip, Telephone, Currently hold F1 or J1 Visa (Yes/No), and 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.
✓ Faxed or photocopied forms from me are not acceptable and will result in denial of this appeal.
✓ 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.
✓ I may be required to obtain clearance from an appropriate medical professional prior to subsequent enrollment.
✓ Financial Aid recipients may have to repay all or part of their award; I have conferred with the Financial Aid Office.
✓ Approval of this appeal 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.

I commit that I have read the withdrawal policy and understand the possible ramifications on Financial Aid.

By signing this form, I authorize my health care provider to release necessary information to the University related to this appeal. Furthermore, I understand that my health care provider may be contacted for verification purposes.

Student Signature: _____ Date: _____

Office of the Provost: [] Approved [] Approved with Hold [] Denied
Signature: _____ Date: _____

**CATASTROPHIC WITHDRAWAL REQUEST – MEDICAL
HEALTH CARE PROVIDER STATEMENT**

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

is requesting a Catastrophic Withdrawal for medical reasons from ALL courses in the indicated term at California State University, Long Beach and has authorized you to release information (see reverse). This form must be completed and submitted to Enrollment Services by a licensed health care provider (FAX: 562-985-4973) before the requested withdrawal can be considered. You may be contacted to verify the information provided.

PART II – to be completed by Health Care Provider (please print)

| |
|--|
| Name of Health Care Provider: _____ |
| Street Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Phone Number: _____ |

- 1) **Last date the student was able to attend class:**

- 2) **Date of onset of serious illness:**

- 3) **Date(s) of medical care (start and end dates):**

- 4) **General restriction(s) of student’s medical condition:**

- 5) **Why / how did medical condition prevent completion of student’s course work:**

- 6) **Date of student’s anticipated return to school:**

| |
|---|
| Authorized Health Care Provider Signature: _____ |
| License #: _____ Date: _____ |

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: