

ADMINISTRATION BUILDING • 100 CAMPUS CENTER • SEASIDE, CA 93955 • PHONE (831) 582- 3680  
EMAIL: UNDERGRADUATE STUDENTS: [ucdean@csumb.edu](mailto:ucdean@csumb.edu) • GRADUATE/CREDENTIAL STUDENTS: [gradstudies@csumb.edu](mailto:gradstudies@csumb.edu)

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**Instructions:** This form is used to request to withdraw from one or more courses after the add/drop deadline of a term.

Before submitting this form, please consider all of your options for course completion and talk to your instructor(s), your advisor/program coordinator, financial aid or OtterCare. Support is always available!

If you decide a withdrawal request is your best option:

1. Notify your instructor(s) by email of your request
2. Complete all parts of the withdrawal request form
3. Submit the request from your CSUMB email to [ucdean@csumb.edu](mailto:ucdean@csumb.edu) for undergraduate students or [gradstudies@csumb.edu](mailto:gradstudies@csumb.edu) for graduate/credential students.

**NOTE:** Submission of a withdrawal request does not guarantee approval. You will be notified via email of your request status. All communications will be sent via CSUMB email.

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## Part 1: Withdrawal impacts/acknowledgements (check all that apply to you)

I acknowledge that withdrawing may have impacts:

**Tuition and Fees:** I may still be responsible for paying some or all tuition and fees. Tuition and fee charges are prorated based on the last day of attendance in a term. Unless otherwise documented, the last date of attendance for approved withdrawals will be the date the completed withdrawal request form (and any required documentation) is submitted to the Administration Office by email; forms submitted during weekends or holiday breaks may be assigned the nearest school day.

**Financial Aid:** My financial aid may be adjusted based on my last date of attendance. I may owe repayment of unearned financial aid, which could result in a balance owed.

**Satisfactory Academic Progress (SAP):** All approved withdrawals will result in a **W** grade. A "W" does not affect GPA, but does affect degree progress and may impact Financial Aid SAP.

**Campus Housing:** If I withdraw from all classes, I am no longer eligible for campus housing. I **must** submit a [License Cancellation Form](#) to SHRL and may be required to vacate my space.

**Graduate Students:** Withdrawing may affect my graduate degree progress. I **must** notify my graduate program coordinator prior to submitting this request.

**International Students (F-1/J-1):** Withdrawing may impact my immigration status. I **must** consult the International Programs Office prior to submitting this request if I am attending school on an F-1/J-1 visa.

Email: [international@csumb.edu](mailto:international@csumb.edu)

**Students receiving Veteran's benefits:** Withdrawing may affect my education benefits. I **must** notify Veteran Services prior to submitting this request if I am using GI Bill Benefits (not Cal Vet).

Email: [veteran\\_services@csumb.edu](mailto:veteran_services@csumb.edu)

**Student Athletes:** Withdrawing may affect my NCAA eligibility. I can contact the Athletics Compliance Office for questions.

**Withdrawal Limit:** I understand that undergraduate students pursuing their first baccalaureate degree are limited to **18 units of "W" grades**. [Enrollment and Registration Policy](#)

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## Part 2: Provide your personal information

Select One:                      Undergraduate student                      Graduate/Credential student

Student ID:                                      First Name:                                      Last Name:

Phone Number:                                      Email address:

## Part 3: Term and course information

Term:	Fall 20	Spring 20	Summer 20	Winter 20
<b>I am requesting to withdraw from ALL of my classes for the term:</b>			YES	NO
<b>I live in campus housing:</b>			YES	NO
Class Number	Dept & Course Number	Section	Units	Instructor
Class Number	Dept & Course Number	Section	Units	Instructor
Class Number	Dept & Course Number	Section	Units	Instructor
Class Number	Dept & Course Number	Section	Units	Instructor
Class Number	Dept & Course Number	Section	Units	Instructor
Class Number	Dept & Course Number	Section	Units	Instructor

## Part 4: Withdrawal reasons and documentation

You need to provide your serious and compelling reason(s) for requesting a withdrawal.

### Withdrawal reasons (select one)

- Medical Issues (Physical or Mental Health)
- Family Emergencies (Death or Hardship)
- Financial Hardship
- Incapacitation (hospitalization, incarceration, etc)
- Employment Changes
- Military Duty
- Other:

### Documentation (only required if requesting to withdraw after the withdrawal deadline of the term)

Documentation is only required for requests submitted after the [withdrawal deadline](#) or if you are requesting that the withdrawal not count toward your undergraduate withdrawal limit. If you are requesting a withdrawal after the withdrawal deadline, you **must** submit documentation showing extenuating circumstances beyond your control. Late withdrawals are approved only in exceptional situations. Acceptable documentation may include, but is not limited to: a note from a medical provider; verification of the death of a family member, partner, or supporter; documentation of hardship or incapacitation; a letter from your employer verifying a change in work schedule or status; military orders; or other relevant materials that support your request.

## Part 5: Certification

*Withdrawing may affect my tuition charges, financial aid eligibility, degree progress, and eligibility for student programs such as housing, student visa status, veteran benefits, or athletics. By submitting this form from my CSUMB email, I certify that all information contained herein is true, accurate, and complete. I understand that falsification of information may lead to disciplinary action by the University. I further confirm that I have reviewed and understand the potential academic, financial, and administrative impacts of withdrawing. I acknowledge that I am responsible for all debts owed to the University, and that any outstanding balance may result in a hold on my records.*

## Review Committee Decision - Office Use Only

### **Begin of term to end of term/session (Dean approver required)**

Approved Regular: Serious and compelling reason provided

Approved Extenuating: Serious, compelling or extenuating reason with supporting documentation

Last date of attendance:

Comments:

Denied: Reason provided does not meet the definition of serious, compelling, or extenuating

Denied: Reason for request not indicated and/or appropriate verifying documentation not provided

Denied: Other reason – provide comments:

Notes:

Signature:

Title:

Date:

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### **After 80% of term/session or special circumstance review (Provost / designee approver required)**

Approved Regular: Serious and compelling reason provided

Approved Extenuating: Serious, compelling or extenuating reason with supporting documentation

Last date of attendance:

Comments:

Denied: Reason provided does not meet the definition of serious, compelling, or extenuating

Denied: Reason for request not indicated and/or appropriate verifying documentation not provided.

Denied: Other reason – provide comments:

Notes:

Signature:

Title:

Date: