



Retroactive Withdrawal

Requests to withdraw from courses for the previous quarter (retroactive withdrawal) will be considered only for: accident or illness (physical or mental), serious personal or family problems, or military transfer. Employment-related reasons are not acceptable. Students must withdraw from all classes for the quarter.

Use the Waiver of University Regulations to request a retroactive withdrawal. Documentation is required. In addition, extenuating circumstances must be shown to have prevented withdrawal in a more timely fashion. Withdrawn courses will be noted with a "W" on the official transcript. Lack of awareness of the withdrawal procedures is not an extenuating circumstance.

Instructions:

1. Fill in your name, coyote ID, and contact information at the top of the form.
2. Check letter (e), Retroactive Withdrawal, and note the quarter and year.
3. List the course numbers and get each instructor's signature.
4. Complete the Student Statement, sign, and attach your documentation.
5. Obtain the Graduate Program Coordinator's signature. The waiver will then be forwarded to the Dean of Graduate Studies for review. You will be notified of the Dean's decision via email and an electronic copy of the waiver will be attached for your records.

California State University, San Bernardino (CSUSB)
Postbaccalaureate/Graduate Petition for Waiver of University Regulations

PLEASE TYPE OR PRINT CLEARLY

Name _____ Date _____
Street Address _____ Telephone () _____
City, State, Zip _____ Coyote ID# _____
Coyote Email _____@coyote.csusb.edu _____

I am enrolled in the following degree: _____

I hereby petition for wavier of the following University regulation:

- _____ a. Waiver of the Graduate Entrance Writing Requirement. **Documentation required.**
If submitting a writing sample (please check one): ☐ I would like to be contacted to pick up my writing sample
☐ I would like Graduate Studies to recycle/shred my writing sample
- _____ b. Waiver of the 12 unit limit prior to classification.
- _____ c. Wavier of the 7 year limit on applicable coursework.
Requires certification of currency by faculty member. See instructions for wording.
List all courses to be waived: _____
- _____ d. Extension of time to complete an incomplete course.
Course number and title: _____ Incomplete received: Qtr: _____ Year: _____
Instructor Signature _____ Extended to: Qtr: _____ Year: _____
- _____ e. Retroactive Withdrawal for Qtr: _____ Year: _____ **Documentation required.**
List Courses: _____

Instructor's Signature
Instructor's Signature
Instructor's Signature
- _____ f. Other: _____

Student's Statement. (Indicate why you feel this petition should be granted. Attach additional page if necessary.)

I certify that I have read the attached information sheet pertaining to the waiver of University regulations that I am requesting, have attached all pertinent information and required documentation to support my request, and have obtained all necessary signatures of certification.

Student's Signature

Program Certification.

Graduate Program Coordinator's Signature

_____ Approved _____ Not Approved
Reason: _____

Dean of Graduate Studies Signature

Date