

Academic Affairs
Office of Graduate Studies

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407

909.537.5058 | fax: 909.537.5078
www.csusb.edu/graduate-studies

Retroactive Withdrawal Request

Name (First & Last):

Coyote ID:

Phone:

Campus Email:

Course Number & Instructor's Signature:

Course Number & Instructor's Signature:

Course Number & Instructor's Signature:

Please provide a brief explanation for the leave request (200 character limit):

Student Signature

Program Coordinator Signature

Graduate Studies Certification

☐

Approve

☐

Deny

Associate Dean of Graduate Studies Signature

Date