Retroactive Withdrawal Request

Complete this request to withdraw from a previous term. Requests for withdrawal from a previous term will be considered for circumstances involving accident, illness, serious personal or family problems, or military transfer only. Lack of awareness of the withdrawal dates or procedures is not a justifiable circumstance.

Circumstances must be shown to have prevented withdrawal in a timelier fashion. You must list each course number and obtain the instructor's signature for all courses you are attempting to withdraw from, and partial withdrawal for a previous term is not permissible. When you withdraw from the term, "W" grades for that term will be noted on your official transcript.

Additional information about this policy can be found in the Coyote Graduate Student Guidebook, located on our Policies and Procedures page and in the current catalog under Graduate Degree and Program Requirements.

Instructions:

1. Fill out the retroactive withdrawal request form and then send it to your instructor(s) for approval signature(s). Then send it to your graduate coordinator for review and signature.
2. Send the completed form to gradstud@csusb.edu.
3. Within 7 business days, your request will be reviewed by Graduate Studies, and you will receive an email from AdobeSign. Click on the link in the email and download the form for your records.
4. If approved, the form will be sent to the Office of the Registrar for final processing.
5. You will know the request has been completed with your transcripts show "W" grade(s) for the term.

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:

Term & Year:

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