### Drop Deadlines:

<table>
<thead>
<tr>
<th>Session A: without ‘W’ letter grade</th>
<th>Session A: with ‘W’ letter grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 12/24/2019 self drop</td>
<td>= 01/10/2020</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session B: without ‘W’ letter grade</th>
<th>Session B: with ‘W’ letter grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>= 01/04/2020 self drop</td>
<td>= 01/14/2020</td>
</tr>
</tbody>
</table>

### REQUEST FOR EMERGENCY MEDICAL WITHDRAWAL DUE TO STUDENT’S SERIOUS ILLNESS/INJURY
( WHEN TO USE THIS FORM – SEE REVERSE SIDE)

**FOR USE ONLY WHEN WITHDRAWAL REQUEST IS FOR REASONS OF SERIOUS PERSONAL ILLNESS/INJURY**

**IT IS THE STUDENT’S RESPONSIBILITY TO:**
- Complete Sections A and B on the front of this form
- Read Section C and provide written statement on reverse side of this form, if desired (optional)
- Provide documentation to support your request
- Return the signed form and documentation to the medical review board in Student Health & Counseling Center room 100 (SHCC-100)

**NOTE:** Documentation is not submitted to Registration and Records – it is viewed only by those reviewing the withdrawal request for signature.

---

### SECTION A

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Preferred Email Address (print clearly)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Identification Number</th>
<th>Expected Date of Graduation</th>
<th>Preferred Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Degree Objective: Major

Student Signature

### SECTION B

**Course for which withdrawal is requested:**

**Department/Course #:** (i.e., AFRO 311)

**Instructor (print clearly):**

**What date did you last attend this course?**

### SECTION C

**ATTENTION STUDENTS- REQUIRED DOCUMENTATION:**

Attach written verification from the attending medical or completely withdraw from the semester.

**Note:** Documentation is not submitted to Registration & Records - it is viewed only by those reviewing the withdrawal request for signature.

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**RECOMMENDATIONS:**

**** DOCUMENTATION REQUIRED WHEN REVIEWING**

Please check one of the following AND provide the last date of attendance:

- Estimated grade at time of withdrawal
- No basis for evaluation (no exams or graded assignments)

Last date student attended class:

Recommend: Approval  Denial

Signature of Medical Review  Date

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Revised 12/2019
SECTION C  PARTIAL MEDICAL WITHDRAWAL  OR  FULL-TERM MEDICAL WITHDRAWAL

Reason for this request:
- Partial medical withdrawal (for some, but not all, classes)

OR
- Full-term medical withdrawal (full-term withdrawal – from all classes)
- Optional: Student statement (below)
- Required documentation: Attach verification from the attending medical or professional provider stating that you cannot complete the semester.

Student statement (optional):

_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

REQUEST FOR WITHDRAWAL DUE TO STUDENT’S PERSONAL ILLNESS/INJURY – WHEN TO USE THIS FORM

- Can I use this form for late withdrawal from my classes?
  This form is used when your health situation is so severe that it requires you to withdraw from one or more of your classes.

- When is the time period for submitting this form?
  During the standard withdraw period for the course

- Do I need to provide anything besides the withdrawal form?
  Yes. Written documentation is required, signed by a medical or professional provider who can verify your illness or injury, the time period involved and your need to withdraw from one or more of your classes. Also acceptable is a signed statement from CSUF Disabled Student Services verifying that medical documentation is on record with their office that requires the student to withdraw from one or more classes in the semester being petitioned.

- Who will review the documentation?
  You will need to provide documentation to Health Services room 100 when they review your request for withdrawal.

- Does Registration (in LH-114) need to see the documentation when I turn in the form?
  No

- Can I use this form if I need to withdraw because of serious illness or injury to a family member who I must care for?
  No. This withdrawal form is used only when the illness or injury occurs to you.

- If I cannot use this form, does that mean I cannot withdraw from a class?
  You can withdraw from a class for other reasons, but you must use the standard Request for Late Withdrawal Form.

- What if I have a serious injury that happens after the deadline for using this form?
  Please contact the Registrar’s Office (LH-101) to ask about a Petition for Emergency Medical Withdrawal.

- What will appear on my academic record when I withdraw from classes using this form?
  After processing, a standard ‘W’ will show on your record for each class that you withdraw from using this form.

- Does a late withdrawal, for serious injury or illness, count as part of the 18-unit limit on ‘W’s?
  No