

Name _____ Coyote ID# _____ Qtr & Year _____
(Last) (First)

Please read and initial:

- I understand that dropping to zero units (or all classes) is considered a withdrawal from the term and/or university and that my registration access will be closed. X _____
- I understand that if this is my first term at CSUSB, I *may* need to reapply for admission to a future term. X _____
- I understand that by completing a term withdrawal, not all fees may be 100% reversed. X _____
- I understand it is my responsibility to review my account on MyCoyote to determine if there are any outstanding balances that are still required to be paid and to contact the Student Accounts Office should I have questions regarding these outstanding balances. X _____
- I understand that by completing a term withdrawal that my financial aid (loans and grants) may be affected and that an adjustment may be made to the balance due on my account. X _____
- I understand I am responsible for notifying the Financial Aid Office that I have withdrawn from my classes. X _____

I have read and understand the above information. I am requesting to be withdrawn from all classes.

_____ (Student Signature) _____ (Date) _____ (Phone Number)

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| Office Use Only |
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