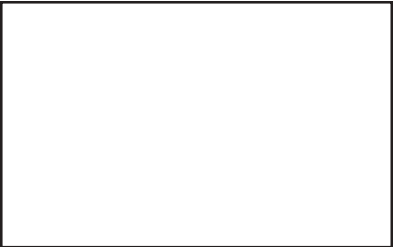


REQUEST FOR RECORD ADJUSTMENT

*Instructions are on the reverse side of this form. Please read carefully.



NAME _____
Last First M.I.

MAILING ADDRESS _____
Number and Street

City State Zip

HOME PHONE () DAY PHONE ()

I.D. NUMBER _____

BIRTHDATE ____/____/____
Month/day/year

Currently enrolled? Yes No Post-Baccalaureate/Graduate Student? Yes No Sex: Male Female

Degree or credential objective: BA/BS Credential Master's Joint Doctorate Expected Grad Date: _____

Major _____ Catalog year using for graduation requirements _____

I hereby request	<input type="checkbox"/> Retroactive Withdrawal	<input type="checkbox"/> Retroactive Add (Include Class Number)	<input type="checkbox"/> Change of Grading Option	<input type="checkbox"/> Other
Specify course(s) and semester(s). _____				

Justification for request. If appropriate, provide medical/psychological treatment documentation. (Use separate sheet only if necessary.) _____

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS REQUEST (including all attachments) IS TRUE, COMPLETE AND ACCURATE. I UNDERSTAND THAT ANY MISREPRESENTATION WILL BE CAUSE FOR DENIAL OF THE REQUEST AND POSSIBLE DISCIPLINARY ACTION.

Student's Signature Date

Recommended Not recommended
Explain: _____

Instructor's or Advisor's Signature Date

Recommended Not recommended
Explain: _____

Graduate/Credential Program/Coordinator Date

Recommended Not recommended

Dean of Graduate Studies Date

OFFICE USE ONLY

Investigation: _____

Request is: Approved Denied Partially Approved Pending _____
 Retroactive Withdrawal Retroactive Add Change of Grading Option Other _____

<input type="checkbox"/> Administrative fee paid
Receipt number _____
Initial & date _____

BY _____
Committee Chair Date



REQUEST FOR RECORD ADJUSTMENT

Admissions, Records & Evaluations Office (559) 278-2191

Instructions

1. Read this information sheet carefully to determine the appropriateness of completing the request form.
2. **Print** the information required on the **REQUEST FOR RECORD ADJUSTMENT** (reverse side) **in ink**.
3. Post-baccalaureate/graduate students requesting **retroactive withdrawal** must obtain all the required signatures on the form.
4. Return the completed form with appropriate documentation to the receptionist in Admissions and Records Office, Joyal Administration Building, Room 106.
5. You will receive a letter in the mail indicating the Committee's decision. If approved, a \$10.00 administrative fee must be paid.

Deadlines for adding and dropping individual class(es), complete withdrawal from the university, and changing grading options are established by institutional policy and are clearly articulated in university publications. These deadlines are not unrealistic and most students, exercising reasonable care in their academic and personal planning, are able to meet them.

The university, therefore, does not sanction requests for exceptions to these deadlines but recommends that you read and consider the appropriate policies which may be found in the most recent *California State University, Fresno General Catalog* under the main heading "Academic Regulations."

The university does, however, recognize that on rare occasions students will experience exceptional situations which prohibit them from completing some procedures in a timely manner. If, therefore, you wish to pursue the matter, you may request consideration by completing the **REQUEST FOR RECORD ADJUSTMENT** on the reverse side of this sheet.

The primary criteria for approval are:

1. A documented hardship which occurred during the term(s) for which the request is made.
2. A significant academic hardship if the request is not granted.
3. Recommendation from campus official(s) as appropriate.

Note: Selective withdrawal of one or more course(s) taken with others in a particular term is difficult to justify by the above criteria and therefore seldom approved.

**DECISIONS WILL BE SENT TO STUDENTS APPROXIMATELY TEN
WORKING DAYS FROM THE DATE THE FORM AND SUPPORTING
DOCUMENTS WERE SUBMITTED.**