

San Francisco State University  
**College of Extended Learning**  
**Petition for Waiver of College Regulations**

Submit Petition to Extended Learning: **Main Campus:** 1600 Holloway Ave, Onestop, SSB 1<sup>st</sup> Floor \* **Downtown Campus:** 835 Market Street, 6<sup>th</sup> Floor  
 Petition may also be MAILED to: SF State Extended Learning, 835 Market Street, 6<sup>th</sup> floor, San Francisco, CA 94103

Name: _____	Student ID: _____
Address: _____	
City, State, Zip: _____	Date: _____
Email: _____	Telephone: _____

<b>I am petitioning for the following:</b>	TERM/YEAR:	Winter	Spring	Summer	Fall	20_____
<input type="checkbox"/> Late Add ( <i>a check or money order for late fees AND course fees MUST be submitted with this form.</i> ) <input type="checkbox"/> Refund ( <i>If submitting a petition for an exception to refund policies, an Add/Drop form MUST be submitted with this form.</i> ) <input type="checkbox"/> Retroactive Add ( <i>a check or money order for late fees AND course fees MUST be submitted with this form.</i> ) <input type="checkbox"/> Other (please explain) _____						
_____	_____	_____				
Schedule No.	Course Abbreviation and Number	Course Title				

<b>My Justification is as follows:</b>	(additional information may be attached)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-top: 1px solid black;">Student Signature</td> <td style="width: 40%; border-top: 1px solid black;">Date</td> </tr> <tr> <td style="border-top: 1px solid black;">Instructor Signature</td> <td style="border-top: 1px solid black;">Dean Signature</td> </tr> </table>		Student Signature	Date	Instructor Signature	Dean Signature
Student Signature	Date				
Instructor Signature	Dean Signature				

**STUDENTS—DO NOT WRITE BELOW THIS LINE**

Board of Appeals and Review	___ Approved    ___ Not Approved
_____	
_____	
_____	
Signature	Date