

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 1st Floor * **Downtown Campus:** 835 Market Street, 6th Floor
 Petition may also be MAILED to: SF State Extended Learning, 835 Market Street, 6th floor, San Francisco, CA 94103

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

I am petitioning for the following:	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				

My Justification is as follows:	(additional information may be attached)
_____	_____
Student Signature	Date
_____	_____
Instructor Signature	Dean Signature

STUDENTS—DO NOT WRITE BELOW THIS LINE

Board of Appeals and Review	___ Approved ___ Not Approved

Signature	Date