

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

Submit Petition: College of Extended Learning Office **In Person: Holloway Campus:** 1600 Holloway Ave, One Stop, SSB

1<sup>st</sup> floor or **Downtown Campus:** 835 Market Street, 6<sup>th</sup> Floor. **By Mail:** SF State Extended Learning, 835 Market Street, 6<sup>th</sup> floor, San Francisco, CA 94103

Name \_\_\_\_\_ SFSU ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**I am petitioning for the following** FALL \_\_\_\_ WINTER \_\_\_\_ SPRING \_\_\_\_ SUMMER \_\_\_\_ YEAR 20 \_\_\_\_

Class Number \_\_\_\_\_ Course Abbreviation and Number \_\_\_\_\_ Course Title \_\_\_\_\_

\_\_\_\_ Late Add (If the petition is approved, CEL will contact the student for payment at the time of enrollment.)

\_\_\_\_ Refund (For a medical or emergency situation, please attach supporting documentation from a medical provider.)

\_\_\_\_ Retroactive Add (If the petition is approved, CEL will contact the student for payment at the time of enrollment.)

\_\_\_\_ Other (Please explain) \_\_\_\_\_

**My justification is as follows:**

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature (LCA, CoB, CoSE, DUEAP, ETHS, GCoE, or HSS)

\_\_\_\_\_  
Date

**Do Not Write Below This Line**

Board of Appeals and Review    \_\_\_\_ Approved    \_\_\_\_ Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, CEL (if needed)/CFO

\_\_\_\_\_  
Date