

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 1st floor or **Downtown Campus:** 835 Market Street, 6th Floor. **By Mail:** SF State Extended Learning, 835 Market Street, 6th 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 (A check or money order for late fees AND course fees MUST be submitted with this form)
- ____ Refund (For a medical or emergency situation, please attach supporting documentation from a medical provider.)
- ____ Retroactive Add (A check or money order for late fees AND course fees MUST be submitted with this form.)
- ____ 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 _____