

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

**Submit Petition Options**

**Email:** sfsucel@sfsu.edu (preferred option)

**Mail:** SF State College of Extended Learning, 160 Spear Street, Suite 1220, San Francisco, CA 94105

**In Person: Holloway Campus:** 1600 Holloway Ave, One Stop, SSB, Extended Learning Counter

**In Person: Downtown Campus:** 160 Spear Street, Suite 1220

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