

SAN FRANCISCO STATE UNIVERSITY
Office of Enrollment Services

PETITION FOR WAIVER OF COLLEGE REGULATIONS

Name:

Address:

City/State/Zip:

Email:

Date:

Daytime Phone:

SFSU ID#:

Please answer each of the following questions:

1. Are you currently registered at SFSU? ____ YES ____ NO. If no, when did you last attend? _____
2. Are you an applicant for admission or readmission? ____ YES ____ NO. If yes, for what semester? _____
3. What is your major and/or credential objective? _____

I am petitioning for the following:

- | | |
|--|---|
| <input type="checkbox"/> Post Graduate Status | <input type="checkbox"/> Submission of application for admission into closed category |
| <input type="checkbox"/> Retro-addition of a course | <input type="checkbox"/> Submission of application for admission after deadline |
| <input type="checkbox"/> Waiver of 60 unit limit in one discipline | |
| <input type="checkbox"/> Other: _____ | |

My justification for this request is as follows:

Student Signature

(Additional information may be placed on an attached sheet)

Faculty Comments/Grade assigned (If applicable) _____

Instructor/Advisor
(When applicable)

Department Chair
(When applicable)

College Dean
(When applicable)

STUDENT – DO NOT WRITE IN THIS AREA

Board of Appeals and Review: _____ Approved _____ Not Approved

Date

Signature

Title