

Petition for Exception

CSUB ID #: _____ Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____ City, State, Zip: _____

Phone: _____ Major: _____ Concentration: _____

I would like to petition the following: _____

Justification: _____

Student Signature: _____ Date: _____

Recommendation of Faculty Member (for withdrawal action). *If approved, attach Grade Change Form.*

Approved: Comments: _____

Denied: _____

Faculty Name: _____ Faculty Signature: _____ Date: _____
Please Print

Chair Name: _____ Signature: _____ Date: _____
Please Print

Statement of action by Dean in which petitioned program falls. Statement should indicate approval or disapproval.

Approved: _____

Denied: _____

Dean/Associate Dean's Signature: _____ Date: _____

School of Natural Sciences, Mathematics, and Engineering