



PETITION OF THE STUDENT

Name _____ Date _____

Address _____ HSU-ID # _____

City _____ State _____ Zip _____ Local Phone # _____

Email Address _____

Required Course Information: Term _____ CRN# _____

Course Title _____

REQUEST: *(If you need additional space, please attach a second page.)*

REASON: *(If you need additional space, please attach a second page.)*

Student's Signature

This form does not always require all the signatures to the right. Some petitions may need the approvals of specific individuals. The final decision will be based on the merits of the petition and CSU, HSU, or State of California policy. Please check at the Office of the Registrar (SBS 133) for the appropriate signatures for your petition.

*Signatures
Required*

Approved
 Denied

INSTRUCTOR: _____

Approved
 Denied

DEPT. CHAIR: _____

Approved
 Denied

COLLEGE DEAN: _____

Office of the Registrar	
APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
BY: _____	
DATE: _____	

Comments: _____

