



**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 Academic Information and Referral Center (SBS 133) for the appropriate signatures for your petition.

*Signatures  
Required*

Approved  
  Denied

**INSTRUCTOR:** \_\_\_\_\_

Approved  
  Denied

**DEPT. CHAIR:** \_\_\_\_\_

Approved  
  Denied

**COLLEGE DEAN:** \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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