



# GRADUATE/CREDENTIAL PETITION FOR EXCEPTION TO UNIVERSITY ACADEMIC POLICY

OFFICE OF GRADUATE STUDIES & RESEARCH • ADMINISTRATION BUILDING  
100 CAMPUS CENTER • SEASIDE, CA 93955 • PHONE (831) 582- 3878 • EMAIL: [gradstudies@csumb.edu](mailto:gradstudies@csumb.edu)

**Instructions:** This form is for graduate and credential students to request an exception to certain academic regulations.

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| <ol style="list-style-type: none"> <li>1. Complete all parts of form and clearly explain your exception request.</li> <li>2. Submit completed petition and supporting documentation to OGSR: <a href="mailto:gradstudies@csumb.edu">gradstudies@csumb.edu</a></li> <li>3. Students will be notified via email of request status. All communications will be sent via CSUMB email (for current students) or the email provided below (for inactive students).</li> </ol> |
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## Part 1: Student Information

Student ID	Last Name	First Name
Phone Number	E-mail Address	

## Part 2: Indicate the academic policy for which you are seeking an exception (select one):

Please note that academic regulations contained in Title 5, California Code of Regulations, cannot be waived by petition.

- Degree/Graduation Requirements
  Enrollment & Registration  
 -Prior term action (add, drop, and withdraw)
- Other, Please Specify: \_\_\_\_\_

## Part 3: Explain the special circumstance that should be considered in reviewing your petition:

Please elaborate in detail (include additional page(s) as needed) and attach required appropriate supporting documentation. Clearly and specifically explain the action you are requesting, including special circumstances and reasons that would support your request.

## Part 4: Student Signature

By typing or signing my name on this line I certify that all information contained herein is correct and complete; falsification of information may lead to disciplinary action by the University. I have read and fully understand the policy that I am requesting an exception to. The special circumstance stated is reasonable and within the limits of the policy; requests that are incomplete or unreasonable will not be accepted.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>			Circle one	
Grad Studies Dean/ Designee Name: <i>(please print)</i>	Grad Studies Dean/ Designee Signature:	Date:	Approve	Deny
AVP / Provost/ Designee Name: <i>(please print)</i>	AVP/ Provost / Designee Signature:	Date:	Approve	Deny
<b>OFFICE OF THE REGISTRAR:</b>				
Notes:	CMS Updated:	Processed by:	Date:	Student Notified:

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## **IMPORTANT INFORMATION REGARDING THE PETITIONING PROCESS**

Please read this page prior to submitting this petition for review. Doing so may save you time, energy, and frustration. This form is used solely to update Academic Records and does not dictate the amount of financial reimbursement for tuition and fees. Please send any questions regarding tuition reimbursements to [student\\_receivables@csumb.edu](mailto:student_receivables@csumb.edu).

## **MEETING WITH THE DEAN**

In most circumstances, the Dean of Graduate Studies and Research will not need to meet with you in person to discuss your petition. If the Dean needs to contact you regarding your petition, they will do so by emailing you at your official CSUMB email address, unless it is inactive and then your personal email will be used.

## **DOCUMENTATION OF EXTENUATING CIRCUMSTANCES**

Explain the exception you are requesting, including any special circumstances and reasons that would support your request for an exception. Many petitions require documentation of extenuating circumstances deemed 'serious and compelling' and are typically entirely outside a student's control. If the University Policy that you are petitioning requires you to provide supporting documentation, please make sure to include your documents with your petition form. Petitions lacking the required documentation will not be reviewed.

Supporting documentation is typically from a third party. Your own statement of your circumstances does not qualify as documentation. Please obtain a letter from a doctor, therapist, medical social worker, employer, or some other professional who is in a position to know about your circumstances and can comment about the impact of those circumstances on the subject of your petition.

## **TURNAROUND TIME**

The University understands that these petitions are very important to you. We will make every effort to review them in a timely manner. Please note that review time will depend upon the time of the year submitted and the demands of the Dean's schedule.

You will be notified via email when a decision has been made. If you would like to check on the status of your petition, you can email [gradstudies@csumb.edu](mailto:gradstudies@csumb.edu). Please wait at least five working days before contacting the office.