California State University, San Bernardino  
College of Extended & Global Education

PETITION TO ADD AFTER THE CENSUS DATE

**INSTRUCTIONS:** 1) Present this petition to the instructor for approval. 2) Present this petition to the Department Chair of the course for approval. 3) Upon approval, this petition must be submitted to the College Dean of the course for final approval. 4) If approved by the Dean, this petition must be submitted to the College of Extended & Global Education (CEGE), located in Sierra Hall 101, for processing. 5) If the petition has received all necessary approvals, the CEGE representative will add the course to your class schedule.

**NAME** ___________________________  **COYOTE ID #** ___________  **TELEPHONE** ___________

**COURSE INFORMATION**

<table>
<thead>
<tr>
<th>CLASS NUMBER</th>
<th>COURSE NAME AND SECTION# (i.e. Psych 100-01)</th>
<th>QUARTER &amp; YEAR</th>
</tr>
</thead>
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<thead>
<tr>
<th>COURSE TITLE</th>
<th>MAJOR</th>
<th>TOTAL UNITS CURRENTLY ENROLLED</th>
</tr>
</thead>
</table>

**STUDENT CLASS LEVEL:**  [ □ ] UNDERGRADUATE  [ □ ] GRADUATE/POSTBACCALAUREATE

**REASON FOR PETITION**

Check Applicable Reason For Petition  
[ □ ] ILLNESS  [ □ ] WORK CONFLICTS  [ □ ] MILITARY ORDERS  [ □ ] OTHER

Describe in detail reason for petition. (Attach supporting documentation)

I understand that the petitioning procedures are for serious and compelling reasons.  
Student’s Signature ___________________________ Date ___________

**INSTRUCTOR, DEPT CHAIR & COLLEGE DEAN OF THE COURSE**

**Note to instructor:** This petition process is for serious and compelling reasons for adding after the census date. Please remind the student that this process is for reasons due to illness, serious personal problems or difficulties that are beyond the student’s control. Failing to add during the registration period is not an acceptable excuse.

[ □ ] PLEASE ADD STUDENT: Student has attended class continuously and has completed all course work and exams to date.  
[ □ ] REQUEST DENIED: Reason ___________________________  

[ □ ] APPROVED  [ □ ] DENIED

Instructor’s Signature ___________________________ Date ___________  
Department Chair’s Signature ___________________________ Date ___________  
College Dean’s Signature ___________________________ Date ___________

**CEGE OFFICE USE ONLY**

[ □ ] APPROVED  [ □ ] DENIED: Reason ___________________________ Date ___________ By ___________________________

Student Services Manager: ___________________________ Date: ___________  
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