

# CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO PETITION TO DROP A CLASS AFTER THE CENSUS DATE

**INSTRUCTIONS:** A separate petition with documentation must be completed for each class to be dropped. Present this petition to the instructor and department chair of the class for approval. Upon approval, present the petition to the Dean or Associate Dean of the College in which you are majoring or to the Office of Advising and Academic Services, UH-380, if you are an undeclared undergraduate. **THIS IS NOT A PETITION FOR A REFUND.**

**NOTE:** Dropping after census will assign a grade of "W" (withdrawal). Undergraduate students are limited to a maximum of 28 quarter units of withdrawals. Withdrawals for extenuating circumstances are subject to approval as such by petitioning with the Office of Advising and Academic Services.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

**UNDERGRADUATE** \_\_\_\_\_ **POSTBACCALAUREATE (GRADUATE)** \_\_\_\_\_  
 Major \_\_\_\_\_ **Unclassified** \_\_\_\_\_ **Classified** \_\_\_\_\_  
 If Classified, Which program / credential \_\_\_\_\_

Call Number \_\_\_\_\_ Course # \_\_\_\_\_ Course Title \_\_\_\_\_

Day/Time Class Meets \_\_\_\_\_

Quarter/Year course taken \_\_\_\_\_ I am currently enrolled in \_\_\_\_\_ (total number) units

**CHECK APPLICABLE REASON FOR PETITION**

( ) Illness ( ) Work Conflicts ( ) Military orders ( ) Other \_\_\_\_\_

Describe in detail reason for petition. (Supporting documentation must be attached.)

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

\_\_\_\_\_  
 Student Signature Date

**DEPARTMENT CHAIR & COURSE INSTRUCTOR**

Student attendance record \_\_\_\_\_ Approximate grade in course to date \_\_\_\_\_

( ) Approve ( ) Disapprove  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

( ) Approve ( ) Disapprove  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Instructor Signature Date

\_\_\_\_\_  
 Department Chair Signature Date  
 (Department Chair of the class)

**DEAN OF THE COLLEGE IN WHICH YOU ARE MAJORING or if UNDECLARED Undergrad, check here**

( ) Approve ( ) Disapprove Reason: \_\_\_\_\_

For Office Use Only

CNS TIME STAMP

\_\_\_\_\_  
 Dean / Associate Dean's Signature Date

\_\_\_\_\_  
 Director; Advising & Academic Services Date  
 (Undeclared Undergraduates ONLY)