

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
POSTBACCALAUREATE/GRADUATE PETITION FOR  
WAIVER OF UNIVERSITY REGULATIONS

PLEASE READ THIS COVER SHEET BEFORE COMPLETING THE WAIVER

The petition may be used to waive the following university regulations:

**12 Quarter Unit/9 Semester Unit Limit Prior to Classification**

In accordance with University regulations, no more than 12 quarter units (9 semester units) of credit earned in unclassified or conditionally classified standing may be used to demonstrate fitness to complete the program OR may be counted toward meeting the requirements for a graduate degree.

However, if you feel extenuating circumstances have precluded your classification in a more timely manner, you may petition the Dean of Graduate Studies to waive this requirement on your behalf.

In order for the Dean to evaluate your situation you must include in your request not only a complete statement of your situation, but also a statement of why it is critical for this requirement to be waived. Additional pages may be attached.

**Seven Year Limit on Applicable Course Work**

The graduate program you are pursuing must be completed within a seven year period (for some programs on this campus there –may be earlier completion requirements). No more than seven years may elapse between the time of registration for the earliest course listed on your program and the completion of all requirements for the degree. The maximum age limit for a course is twelve years since the course was first taken and only 2/3 of a program can be recertified. If you have course work that has surpassed the seven year limit, you may petition the Dean of Graduate Studies to waive this regulation.

In order for your petition to be approved you must have a written statement from a faculty member stating **I HAVE EXAMINED THIS STUDENT AND FOUND THEM TO BE CURRENT IN THE SUBJECT MATTER OF (name of the course or courses being waived).**

**Extension of Time to Complete an Incomplete Grade**

An incomplete grade must be made up within the calendar year immediately following the end of the term in which it was assigned. If it is necessary to extend this time limit, the student must obtain the consent of the instructor.

**Retroactive Withdrawal (Students must withdraw from all classes in the term)**

Requests for withdrawal following the close of the term will be considered only for: accident or illness (physical or mental), serious personal or family problems, or military transfer.

Documentation is required. In addition, extenuating circumstances must be shown to have prevented withdrawal in a more timely fashion. The student must list each course number and obtain the instructor's signature for all courses they are attempting to withdraw from. Partial withdrawal of grades during a term is not permissible for any reason. All courses must be withdrawn and will be noted with a "W" on the official transcript. Lack of awareness of the withdrawal procedures is not an extenuating circumstance.

Employment-related reasons are acceptable only for withdrawals processed during the term in question. This withdrawal would be completed by filling out a "Drop After the Census Date" form.

**Instructions for Completing the Waiver:**

1. Fill out the attached form
2. Attach any and all documentation required for the student's request
3. If any instructor's signatures are required, they must be obtained before this form is given to the graduate coordinator for their signature. (A petition will not be reviewed without the graduate coordinator's signature).
4. Once the form has been filled out and signed with all the appropriate signatures this form will be returned to the Office of Graduate Studies for the Dean to review. If the form is missing any signatures or documentation - this form will be returned to the student's graduate program unreviewed.

Once the Dean of Graduate Studies signs the form, a copy will be sent back to the student for their records. All documentation will be kept by the Graduate Studies office. If writing samples have been submitted, the student will be contacted to pick them up. Writing samples will be held for two weeks before being forwarded to the student's program office.

**California State University, San Bernardino (CSUSB)**  
**Postbaccalaureate/Graduate Petition for Waiver of University Regulations**  
*PLEASE TYPE OR PRINT CLEARLY*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Coyote ID# \_\_\_\_\_  
Campus Email \_\_\_\_\_

I am enrolled in the following degree: \_\_\_\_\_

I hereby petition for waiver of the following University regulation:

- \_\_\_\_\_ a. Waiver of the Graduate Writing Assessment Requirement. **Documentation required.**  
If submitting a writing sample (please check one):  I would like to be contacted to pick up my writing sample  
 I would like Graduate Studies to recycle/shred my writing sample
- \_\_\_\_\_ b. Waiver of the unit limit prior to classification (12 quarter units/9 semester units).
- \_\_\_\_\_ c. Waiver of the 7 year limit on applicable coursework.  
*Requires certification of currency by faculty member. See instructions for wording.*  
*List all courses to be waived:* \_\_\_\_\_
- \_\_\_\_\_ d. Extension of time to complete an incomplete course.  
Course number and title: \_\_\_\_\_ Incomplete received: Term: \_\_\_\_\_ Yr: \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Extended to: Term: \_\_\_\_\_ Year: \_\_\_\_\_
- \_\_\_\_\_ e. Retroactive Withdrawal for Term: \_\_\_\_\_ Year: \_\_\_\_\_ **Documentation required.**  
List Courses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Instructor's Signature  
Instructor's Signature  
Instructor's Signature
- \_\_\_\_\_ f. Other: \_\_\_\_\_

**Student's Statement.** (Indicate why you feel this petition should be granted. Attach additional page if necessary.)

I certify that I have read the attached information sheet pertaining to the waiver of University regulations that I am requesting, have attached all pertinent information and required documentation to support my request, and have obtained all necessary signatures of certification.

\_\_\_\_\_  
**Student's Signature**

**Program Certification.**

\_\_\_\_\_  
**Graduate Program Coordinator's Signature**

\_\_\_\_\_ Approved      \_\_\_\_\_ Not Approved  
Reason: \_\_\_\_\_

\_\_\_\_\_  
**Dean of Graduate Studies Signature**

\_\_\_\_\_  
**Date**