



CSU Bakersfield

Academic Affairs

Office of the Associate Vice President for Academic Affairs and
Dean of Academic Programs

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(661) 654-6911 FAX
www.csub.edu/academicprograms

Academic Petition Graduate and Post-Baccalaureate Students

Student Name: _____ Student ID: _____

Address: _____
Street # & Name City State Zip

Telephone: () _____ Email: _____

Program: _____ Director Name: _____

- Petition for: Planned Educational Leave for medical reason non-medical reason
- Repeat of Course _____ with Forgiveness
- Extension of Time Limit for Completing Degree Requirements
- Readmission after Academic Disqualification
- Other

In a separate letter, please give the details and justification for your request along with any supporting documentation. All letters must be typed and addressed to the Graduate Program Director. Handwritten letters will not be accepted.

Student Signature: _____ Date: _____

Required Signatures:

Program Director Signature: _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend
Basis for Recommendation: _____	
Dean of School Signature: _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Do Not Recommend
<i>(required for readmission only)</i>	
Basis for Recommendation: _____	
Academic Programs Signature: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Basis for Approval/Denial: _____	