## California State University, Bakersfield

## **Petition for Exception**

CSUB ID #:					Date:	
Last Name:			_	First Name:		
Address:						
Phone:				•		
			,		•	
I would like to petition the following:						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. <b></b>				
Justification:						
oudouo						
Student Signat	ure.				Date:	
Otadom Oignat				_		
Recommendation of Faculty Member (for withdrawal action). If approved, attach Grade Change Form.						
Approved:		Comments:				
Denied:						
Demed.						
			Facul	4.,		
Faculty Name:			Signa	. T		Date:
Chair Name:		Please Print	Sign	ature:		Date:
		Please Print				
Statement of action by Dean in which petitioned program falls. Statement should indicate approval or disapproval.						
Approved:						
Denied:						
Dean/Associate	o Doorto					
Signature:	e neall 2	School of I	Natural Science	es. Mathematics, and Er	Date:	