Petition for Course by Individual Study

California State University, Bakersfield
9001 Stockdale Highway, Bakersfield, CA 93311-1099
Fax: (661) 654-3389    Phone: (661) 654-3036

CSUB ID#: _______________________________________ Date: _________________________

Name: _______________________________________________________________________

Email: ____________________________________________ Phone Number: ________________

Degree or Credential Objective: __________________________ Class Level: ____________________

Major: ____________________________ Minor: ______________________ CSUB GPA: _______

Important: In accordance with University regulation, as stated in the University Catalog, I hereby petition for the
following course by individual study. Based on the number of units I am petitioning below, I also understand that three (3)
hours of study per week are required for each unit of credit (Example: A 5 unit class requires 15 hours of study each week).
The completion of this form does not automatically enroll you in the course. Proper registration including fee payment
is required. If this course brings the unit load above the overload threshold, please attach an overload petition.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Description of Course and Evaluation Plan (Attach copy of course syllabus if available)
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Justification of Petition:
____________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Review and Approval:
Advisor:
_______________________________________ _______________________________ _____________
Print Name              Signature          Date

Instructor (check one):  □ I acknowledge that I am teaching this course as a voluntary overload with no additional
pay and it is not a part of the annual workload assigned by the chair.
□ I acknowledge that I have conferred with my chair and it is agreed that this independent study will count toward my
workload assignment (any amount over full time will be considered a voluntary overload) and that no more than 5
WTUs per year may be earned through independent/individual study.

_______________________________________ _______________________________ _____________
Print Name              Signature          Date

By signing below, the chair and dean indicate that the agreement identified above has been approved and does not
impede the department’s ability to offer required coursework.

Dept. Chair:
_______________________________________ _______________________________ _____________
Print Name              Signature          Date

School Dean:
_______________________________________ _______________________________ _____________
Print Name              Signature          Date

Return to Admissions & Records