



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: _____
Last First MI

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.

Student's Signature

CRN #	Course #	Course Title	Units	Term & Year
<i>Example : 89999</i>	<i>BIOL 399</i>	<i>Topics in Biology</i>	<i>5</i>	<i>Fall 2011</i>

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

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