



Academic Petition  
Graduate and Post-Baccalaureate Students

Student Name: \_\_\_\_\_ Student CSUB ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street # and Name City State Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Best Contact Non-CSUB Email

Program: \_\_\_\_\_ Director's 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 addresses to the Graduate Program Director. Handwritten letters will not be accepted.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Required Signatures:*

Program Director Signature: \_\_\_\_\_ Recommend Do No Recommend  
Basis for Recommendation: \_\_\_\_\_

Dean of School Signature: \_\_\_\_\_ Recommend Do Not Recommend  
(required for readmission only)  
Basis for Recommendation: \_\_\_\_\_

Academic Programs Signature: \_\_\_\_\_ Approved Denied  
Basis for Approval/Denial: \_\_\_\_\_

Approved by Council of Graduate Directors on 03/15/2022

Graduate Student Center:

**Academic Affairs**

California State University, Bakersfield  
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