



**Academic Petition - Extension of Time Limits for
Completing Graduate Program Requirements**
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: _____

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:

Academic Programs Signature: _____ Approved Denied
Basis for Approval/Denial: