

PETITION FOR A RETROACTIVE ADD (Adding a Class to a Past Term)

INSTRUCTIONS: Student: Complete this petition with supporting documentation and submit to the department of the class for the Instructor and Chair to review. Dept: Once completed by the Instructor and Chair, please submit to the Associate Vice President of Academic Success and Undergraduate Advising-ASUA (for undergrads) or Graduate Studies, gradstud@csusb.edu , (for post-baccalaureates) for approval. AVP or Graduate Studies , email the student a copy with the final decision and forward the original to the Records office for processing. (Official Document. Cannot be hand carried by student.)			
NAME	CO'	YOTE ID #	
ADDRESS	TEI	LEPHONE	
CITY/STATE	ZIP	CODE	
CLASS LEVEL: FRESHMEN SOPHOMORE	□ JUNIOR □ SENIOR	GRAD/POST-BACCALAU	REATE
COURSE INFORMATION			
CLASS NUMBER COURSE 1	NAME AND SECTION# (i.e	e. Psyc 1000-01)	
TERM & YEAR COURSE	LITLE		
HAVE FEES BEEN PAID FOR THIS CLASS/TERM?_	DO YOU HAVE A	ANY HOLDS ON YOUR RECOR	D?
IF YOU HAVE REQUESTED A RETRO-ADD IN THE PAST, PLEASE TELL US THE TERM AND YEAR:			
DESCRIBE IN DETAIL THE REASON FOR PETITIO	N. (SUPPORTING DOCUI		
Confidential COURSE INSTRUC	FOR & DEPARTMENT	CHAIR Offic	ial Document
 PLEASE ADD STUDENT: Student had attended class continuously and had completed all coursework and exams. I also verify that the student had received a grade of, for the, 20 term. REQUEST DENIED: Reason 			
Instructor's Signature Date	Department Ch	air's Signature (of the course)	Date
AVP OF ASUA / DEAN OF GRADUATE STUDIES APPROVED: Records; please enroll in the requested term and post grade as indicated by instructor above. DENIED: Reason			
Must be submitted to Records by a staff member. (Not a student assistant.)	AVP of ASUA / Graduate	Studies Dean's Signature	Date RetroAdd/2022