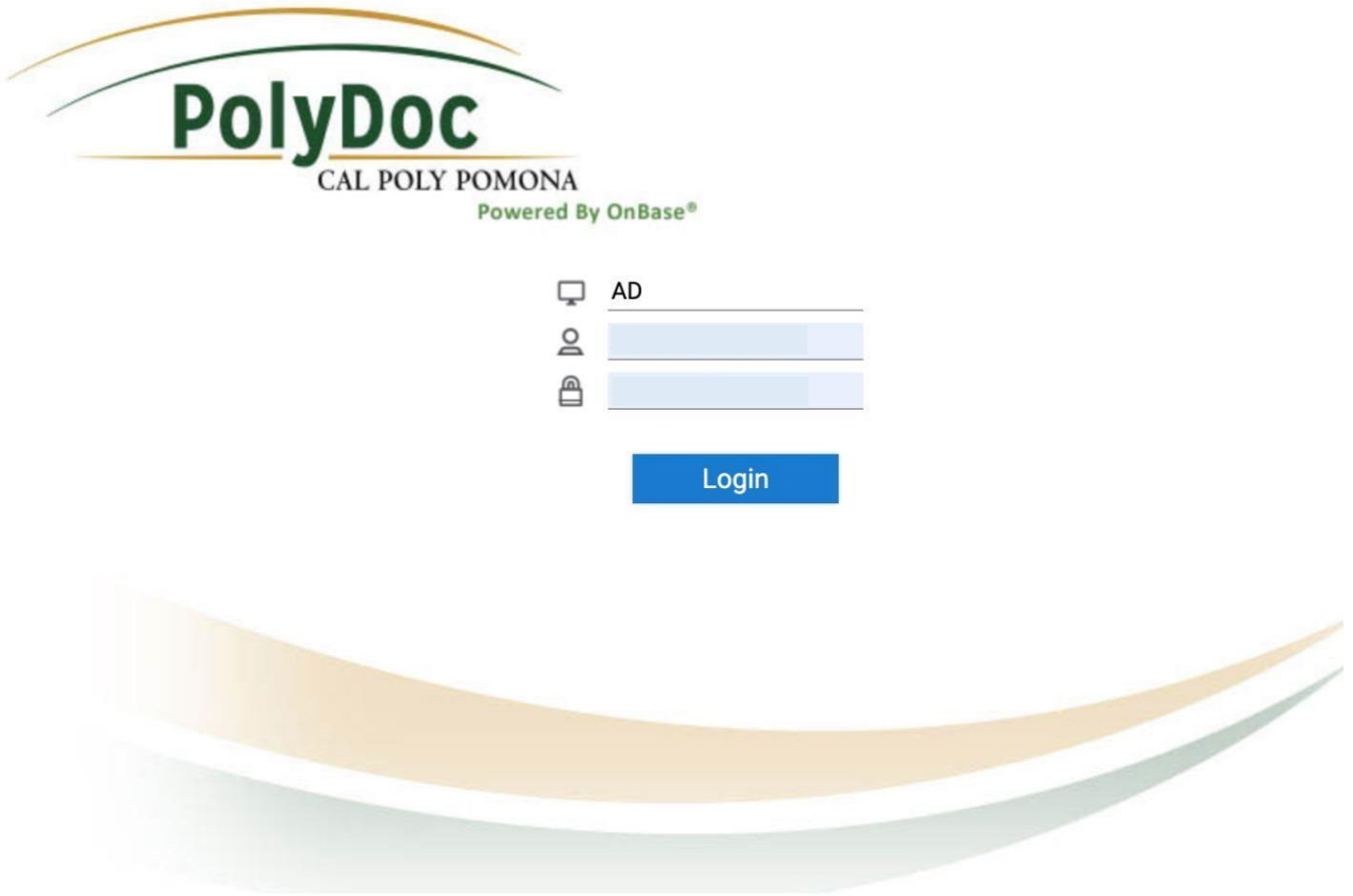


Poly Doc Graduate Academic Petition – For Graduate Students

Overall Approval Process and Routing

- Students log into [PolyDoc](#) using their Bronco credentials and submit their Graduate Academic Petition. Please note that to log into PolyDoc a campus VPN may be required.



Students select graduate petition type. Only one option per submission is allowed:

- **Waive residency requirement:** to request to waive residency if not enrolled the semester of graduation. Student needs to provide justification for not being enrolled the semester of graduation as university requires graduate students to be enrolled at the time of graduation.

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Graduate Academic Petition

Student Information			
Bronco Number	First Name *	Last Name *	CPP Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major *	<input type="text"/>		
Option	<input type="text"/>		
Purpose of Petition *	<input type="text"/>		
	[WAIVE RESIDENCY REQUIREMENT]		

Waive Residency Requirement
Proposed Graduation Semester *
<input type="text"/>
Last Term of Enrollment *
<input type="text"/>
Degree Requirements to be completed (list courses) *
<input type="text"/>
Reasons for requesting a waiver of residency *
<input type="text"/>

Advisor	
Please enter your Academic Advisor's Name and @CPP.EDU email address below. A valid CPP email address for the Advisor is required to route this form for the necessary review.	
Advisor Name *	Advisor's whole @cpp.edu email address *
<input type="text"/>	<input type="text"/>

Submit

- **Change of status:** To request to change from conditional to unconditional standing for the degree (to be completed by Graduate Coordinator).

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Graduate Academic Petition

Student Information

Bronco Number	First Name *	Last Name *	CPP Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major *			
<input type="text"/>			
Option			
<input type="text"/>			
Purpose of Petition *			
CHANGE OF STATUS <input type="text"/>			

Change of Status (to be completed by the Graduate Coordinator)

Effective Semester

The above conditionally classified student has satisfied the conditions stated at the time of admission and is recommended for unconditional standing.

Advisor

Please enter your Academic Advisor's Name and @CPP.EDU email address below. A valid CPP email address for the Advisor is required to route this form for the necessary review.

Advisor Name *	Advisor's whole @cpp.edu email address *
<input type="text"/>	<input type="text"/>

Submit

- **Modification to a program of study:** to request course substitutions on your program of study (contract), your degree progress report, and/or correct any errors for your program of study (e.g., course title, units).

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Graduate Academic Petition

Student Information

Bronco Number First Name* Last Name* CPP Email Address*

Major*

Option

Purpose of Petition*
MODIFICATION TO A PROGRAM OF STUDY

Modification to a Program of Study

Please fill out this section to indicate course substitution(s) and/or correct any errors on your program of study (e.g., course title, units)

First list the course that is now in the contract. Then list the course you have taken that you want to use to substitute or modify the course on contract.

Example:

Contract Course Dept	Course Number	Course Title	Units	Substitute Course Dept	Course Number	Course Title	Term Taken	Year	Units
BIC	5000	Intro to Bicycling	<input type="text"/>	YOG	5001	Advanced Yoga	FALL	2019	5

Your Course(s)

Contract Course Dept*	Course Number*	Course Title*	Units	Substitute Course Dept*	Course Number*	Course Title*	Term Taken*	Year*	Units*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State explanation/reason for course substitution(s) or modification(s)*

Advisor

Please enter your Academic Advisor's Name and @CPP.EDU email address below. A valid CPP email address for the Advisor is required to route this form for the necessary review.

Advisor Name* Advisor's whole @cpp.edu email address*

Submit

- Transfer of Coursework for Degree Credit:** To transfer coursework from another accredited institution or transfer in courses students petitioned for graduate credit as an undergraduate, or courses through Extended University after having completed the bachelor's degree.

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Graduate Academic Petition

Student Information

Bronco Number	First Name *	Last Name *	CPP Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major *	<input type="text"/>		
Option	<input type="text"/>		
Purpose of Petition *	<input type="text"/>		

Transfer of Coursework for Degree Credit

Not to exceed 30% of the total number of units in the program (e.g. 9 semester units for 30 unit programs). Units may not have been used to meet the requirements of any other baccalaureate degree program and must have been completed after earning the baccalaureate degree. Students can transfer in courses they petitioned for graduate credit as an undergrad, or courses through Extended University after having completed the bachelor's degree. Official transcripts from other institutions must be submitted to the Admissions Office.

Official transcripts from other institutions must be submitted to the Admissions Office prior to submitting this form.

I request the following course(s) to be transferred in my Master's contract:

Example:

Institution	Course Dept	Course #	Course Title	Units	Term & Year Taken	Intended Degree Requirement Substitution at CPP	Units
Previous University	YOG	5000	Advanced Yoga	5	SPRING 2019	BIC 5002, Two Wheel Bicycling	5

Your transfer course(s)

Institution *	Course Dept *	Course # *	Course Title *	Units *	Term & Year Taken *	Intended Degree Requirement Substitution at CPP *	Units *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Advisor

Please enter your Academic Advisor's Name and @CPP.EDU email address below. A valid CPP email address for the Advisor is required to route this form for the necessary review.

Advisor Name *	Advisor's whole @cpp.edu email address *
<input type="text"/>	<input type="text"/>

Submit

- **Request a Change of Curriculum Year:** Students can file this petition to request a change in their curriculum year to fulfill graduation degree requirements. Students should only submit the Curriculum Year Change request within the academic year that they are graduating, and after consulting with their advisor.

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

Graduate Academic Petition

Student Information

Bronco Number	First Name *	Last Name *	CPP Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Major *			
<input type="text"/>			
Option			
<input type="text"/>			
Purpose of Petition *			
<input type="text" value="CHANGE OF CURRICULUM YEAR"/>			

Change of Curriculum Year

Current Curriculum Year You are Following:

Instructions: Students should only submit the Curriculum Year Change form within the academic year that they are graduating. If you are not planning to graduate in this academic year, please wait to submit this form until a future term. This petition is for master's and EdD programs only.

In determining your graduation requirements, you have three choices. You may elect to:

- Meet the degree requirements listed in the University Catalog at the time you were first admitted to your program
- Meet the degree requirements in the University Catalog at the time of graduation.
You must apply for graduation prior to submitting this petition.
- Returning graduate students (those that have reapplied to the university) with less than 6 semester units towards degree completion may elect to graduate in the original curriculum year.

Please select your choice from the list below (required): *

- Curriculum year at the time of admission to your program
 Curriculum year at the time of graduation
 Original curriculum year as a returning student

Advisor

Please enter your Academic Advisor's Name and @CPP.EDU email address below. A valid CPP email address for the Advisor is required to route this form for the necessary review.

Advisor Name *	Advisor's whole @cpp.edu email address *
<input type="text"/>	<input type="text"/>

Submit

- Students need to manually enter their Academic Advisor's name and correct email. Note that an incorrect email address will prevent the form to be delivered to the right person.
- Students will receive an email receipt after they click on "**Submit**."
- All petitions will go to the Academic Advisor for initial approval.
- All petitions will then get forwarded automatically to the Graduate Coordinator, Department Chair, and College Dean for approval based on the student's program.

Levels: **Academic Advisor -> Graduate Coordinator -> Department Chair -> College Dean**

- Graduate Petition Types for **Waive Residency Requirement, Change of Status, and Modification to a Program of Study** will require an additional level of approval from the Graduate Studies Office. **Transfer of Coursework for Degree Credit** does not require Graduate Studies Approval and will be routed to the Registrar's Office after the College Dean signs.
- Students will receive an email after a final Approved or Denied decision is reached.
- All petitions will then go to the Registrar's Office for processing.
- Students need to allow time for processing for all parties to review and decide.

To request to waive an internship requirement (e.g., MPA students who need to request to waive an internship course):

1. In the Your Courses Section, enter course prefix in Contract/Course Dept.field, course number, course title, and units of the internship course you are requesting to waive.
2. In the Substitute section, enter in “waived” in course dept. field, course number, course title, and term/year taken. Enter the units. Please see example below.

Modification to a Program of Study

Please fill out this section to indicate course substitution(s) and/or correct any errors on your program of study (e.g., course title, units)

First list the course that is now in the contract. Then list the course you have taken that you want to use to substitute or modify the course on contract.

Example:

Contract Course Dept	Course Number	Course Title	Units	Substitute Course Dept	Course Number	Course Title	Term Taken	Year	Units
BIC	5000	Intro to Bicycling		YOG	5001	Advanced Yoga	FALL	2019	5

Your Course(s)

Contract Course Dept*	Course Number*	Course Title*	Units	Substitute Course Dept*	Course Number*	Course Title*	Term Taken*	Year*	Units*
MPA	5410	Internship	3	waived	waivec	waive requirement	waive	waive	3

State explanation/reason for course substitution(s) or modification(s) *