



# EXTENDED STUDENT PETITION - Graduate Programs

California State Polytechnic University, Pomona  
College of the Extended University  
909.869.2288

Date Entered \_\_\_\_\_

## INSTRUCTIONS FOR EXTENSION STUDENT:

1. Complete the information below and obtain the Program Director's signature.
2. Return the signed form in person to the College of the Extended University and pay the program fees no later than \_\_\_\_\_.
3. For CEU withdrawal and refund policies, please see: <http://www.ceu.csupomona.edu/go/wrp>

I. I wish to enroll in the following class of regular instruction at California State Polytechnic University, Pomona under the Extension Student procedures. A maximum of 13 graduate units of Extension coursework will be accepted to meet degree requirements at Cal Poly Pomona.

Class #	Subject	Course	Section	Units	CR	Year	Term	01 - Winter 02 - Spring 03 - Summer 04 - Fall
---------	---------	--------	---------	-------	----	------	------	--

Instructor \_\_\_\_\_ Course Title \_\_\_\_\_ Meeting: Days / Time \_\_\_\_\_

Bronco I.D. # (if applicable) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (please print) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Status (check one):  U.S. Citizen  Permanent Resident  International Student (clearance document required) Sex:  Male  Female

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

II. Enrollment in a course through the CEU requires the program director's signed consent.

Program Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_