

PETITION FOR SPECIAL CONSIDERATION

Semester _____ YR _____

PETITIONER INFORMATION

RED ID: _____ Student Name: _____

Street Address: _____

Telephone: _____ Email: _____

STUDENT STATUS:

NATURE OF REQUEST:

- | | | |
|--|---|---|
| <input type="checkbox"/> Currently Enrolled | <input type="checkbox"/> Refund of: _____ / _____ | <input type="checkbox"/> Cancellation of: |
| <input type="checkbox"/> Not Enrolled, Last Attended in SEM _____ YR _____ | <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Non-Resident/Foreign Tuition |
| <input type="checkbox"/> Recently Withdrawn, Date: _____ | <input type="checkbox"/> Late Fee | <input type="checkbox"/> Dishonored Check |
| <input type="checkbox"/> Recently Canceled | <input type="checkbox"/> Reinstatement of Classes | <input type="checkbox"/> Other _____ |

RESPONSE OPTION: Email Mail  Please Allow 3 – 6 Weeks For A Response

Reason for Petition: (Explain why your request should be approved and attach additional documents if needed)

I, hereby, certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my petition.

Student Name _____ Signature _____ Date _____

DECISION: (SAS USE ONLY)

PENDING _____

APPROVED **Comment:** _____

DENIED _____

Initial

Date

Student Notified _____

For SAS only

Date Submitted: ____ / ____ / ____

SAS initials: _____

Instructions

1. Student Status:

Currently enrolled indicates that student has registered for the current semester.

Not enrolled indicates that student has not enrolled in the current semester.

Recently withdrawn indicates that student has completely withdrawn from all classes.

Recently canceled indicates that SDSU has canceled student's classes. State the reason student was canceled in the EXPLANATION section.

2. Nature of Student's Request:

Check the appropriate box or briefly state what action student desires.

Refund: If student already paid for the fees, and request for refund of those fees

Cancellation: If student did not pay for the fees and student would like to cancel that billing of those fees

→ Please check the appropriate fees that student would like to get the refund or cancellation.

Reinstatement: student's classes that are cancelled due to student's late payment or any miscellaneous privileges (ex: reinstatement of E-checking payment)

3. Explanation:

Please complete and ATTACH SUPPORTIVE DOCUMENTS (e.g., Physician's letters, administrative verification, Green Form or any forms from Office of Registrar, confirmation email or notes from student's Professor regarding student's last date of attendance etc.)

REFUND REQUEST: Briefly state why student failed to file for a refund in accordance with the deadlines stated in the Class Schedule, Catalog, and registration material.

PLEASE NOTE:

1. Petitions to the Cashiers' Office are acted upon in a timely manner. Students will be notified by email of all decisions. However, if a deadline is involved, it is the student's responsibility to contact SAS Office at (619) 594-5253
2. Refund Deadlines set by California State University Reg., Title 5 Section 41802

TIME LIMIT: Because many requests involve time extensions, a time limit may be attached to student's request if approved. Therefore, please be certain student has used an accurate address and telephone number where student may be reached during the daytime hours.

DENIAL: If this request is denied, a short explanation may be included in the "remarks" section; however, we reserve the right to cite Money Matter, Catalog or Class Schedule policy as the reason for its denial.