CAL STATE EAST BAY

Petition for Grade Forgiveness For Reinstatement

Student Name _____
          Last   First

Net ID _____ Phone Number _____ Are you graduating this term? _____

Instructions: Submit completed form to the Enrollment Information Center, first floor of Student Administration Building on the Hayward Campus or to the Concord campus' Academic Services Lobby. **Use this form only if you are repeating courses after you have been academically disqualified.**

Students are limited to three attempts (only two repeats) at any one course for grade forgiveness taken at CSU East Bay. All subsequent repeats result in averaging the quality hours and quality points, while the units earned for these subsequent attempts will not be counted. These units are counted as part of the 18-unit limit of grade forgiveness that is averaged. After repeating a course twice (three attempts), students who want additional attempts for grade forgiveness, may petition through their advisor (AACE, [EOP or EXCEL if member of program], GE, major).

CSUEB Course (Prefix/Number): _____   **New Attempt** (Prefix/Number/Title): _____

Number of Attempts	Term(s) Requested for Grade Forgiveness	Previous Grades	College / University of final attempt	Choose One: ____ CSU East Bay Repeat ____ Assist Articulated ____ Department Chair's Signature & Stamp	Required for Major?

CSUEB Course (Prefix/Number): _____   **New Attempt** (Prefix/Number/Title): _____

Number of Attempts	Term(s) Requested for Grade Forgiveness	Previous Grades	College / University of final attempt	Choose One: ____ CSU East Bay Repeat ____ Assist Articulated ____ Department Chair's Signature & Stamp _____	Required for Major?

CSUEB Course (Prefix/Number): _____   **New Attempt** (Prefix/Number/Title): _____

Number of Attempts	Term(s) Requested for Grade Forgiveness	Previous Grades	College / University of final attempt	Choose One: ____ CSU East Bay Repeat ____ Assist Articulated ____ Department Chair's Signature & Stamp _____	Required for Major?

Reason(s) for this request:_____

Student Signature: _____ Date: _____

If approved, form will be held until new attempt is completed and record changed. Please retain a copy for your records.
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For Office Use Only:

Course: _____   _____ Approved ____ Denied   _____
                                                                                        Advisor *(If repeat is CSUEB course or Assist articulated)*

Course: _____   _____ Approved ____ Denied   _____
                                                                                        Advisor *(If repeat is CSUEB course or Assist articulated)*

Course: _____   _____ Approved ____ Denied   _____
                                                                                        Advisor *(If repeat is CSUEB course or Assist articulated)*

APS Approval (if needed): _____ Date: _____
                    Dean, Academic Programs and Services **(only if course(s) not articulated)**

For Registrar Office Use Only: ☐Approved ☐Not Approved Processed by: _____ Date: _____