Special Registration Petition
Office of the Registrar

Term __________ Year __________
Campus: ❑ Hayward ❑ Concord ❑ Online ❑ Off Site

MUST BE COMPLETED PRIOR TO END OF LATE ADD PERIOD

__________________________________________  ___________________________________________
NAME             NET ID

__________________________________________  ___________________________________________
STREET            PHONE NUMBER

CITY                             STATE                   ZIP        MAJOR

COURSE DATA (Must be exactly as listed in the University catalog):

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>DEPARTMENT COURSE #</th>
<th>COURSE TITLE</th>
<th>GRADE TYPE: (select one)</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
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Please state specifically the reason for this request: (Attach backup forms as appropriate.)

___________________________________________________________________________________________________________________________
___________________________________________________________________________________________________________________________

_______________________________________  _______________________________________
STUDENT’S SIGNATURE   DATE

_______________________________________  _______________________________________
INSTRUCTOR’S NAME (Please print)       ADVISOR’S NAME  (Please print)  DATE

DEPARTMENT/SCHOOL USE ONLY

INSTRUCTOR’S WORKLOAD STATUS: (To be checked, signed by instructor, and approved by Department Chair and College Dean. Choose ONE from the list that best describes your status.) Upon accepting this student for the specified term, my total teaching units:

❑ do not exceed the normal workload assignment for regular instruction (i.e., 12 WTU per term for full-time assignments and pro-rata for part-time assignments

❑ exceed the normal workload assignment for regular instruction; however, a compensatory reduction in instruction-related responsibilities has been arranged with my Department Chair.

❑ exceed the normal workload assignment for regular instruction by ___________WTU; however, a compensatory reduction in my teaching assignment for ______________Term, 20____ has been arranged with my Department Chair.

❑ may exceed the normal workload assignment for regular instruction; however, I do not expect to be compensated for it, or to be given a reduction in instruction or instruction-related responsibilities during this or any subsequent term.

___________________________________________________________________________________________
___________________________________________________________________________________________

_______________________________________  _______________________
INSTRUCTOR’S SIGNATURE    Date

Department Chair’s Recommendation: ____________________________________________            _______________________
❑ Approve ❑ Deny

___________________________  _______________________
CHAIR’S SIGNATURE           Date

College Dean’s Decision: ____________________________________________            _______________________
❑ Approve ❑ Deny

___________________________  _______________________
DEAN’S SIGNATURE           Date

PROCEDURE FOR REGISTERING:

1. DURING THE ENROLLMENT PERIOD, student must complete the application, obtain the required signatures, and submit form to the course Department Office for processing.

2. PRIOR TO THE LATE ADD DEADLINE, the Dean’s Office will complete the enrollment and forward the original form to Enrollment Management.

3. IMPORTANT: Students are responsible for payment of any enrollment through Special Registration by the established deadlines.