Late Registration Petition for Adjunct Enrollment

Office of Graduate Studies
California State University, Chico
Chico, CA 95929-0875

Instructions:

1. Download the petition and fill out the student information on the top portion of the form.
2. Obtain the required signatures from your graduate advisory committee chair and graduate coordinator. If you do not have a committee chair, please ask your graduate coordinator to sign in that capacity.
3. Take the signed form to the Office of Graduate Studies for review and approval.
4. After the petition has been stamped as approved in the Office of Graduate Studies, take it to Regional and Continuing Education to pay the required fees and complete the registration(s).

If you currently reside out of the area or it is difficult for you to come to campus to complete this process, you may petition and enroll by mail.

1. Check first with your graduate department to confirm that your committee chair and graduate advisor are willing to sign and forward the petition through campus mail as required.
2. If they agree to do so, mail the completed petition to your committee chair with a check or money order for the required registration fees, and include clear routing instructions for the approval process (i.e., forward to graduate coordinator, then to the Office of Graduate Studies-Zip 875, then to Regional and Continuing Education-Zip 250). If you plan to pay by credit card, it will be up to you to arrange with Regional and Continuing Education to pay the fees once the petition is received in that office.
3. To find out the exact amount of the fees, please contact Regional and Continuing Education at 530-898-6105.

You may contact the Office of Graduate Studies at 530-898-6880 if you have any questions about the petition and/or late registration process.
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I request permission to enroll late in GRST 899, and I understand that:

1. While pursuing a master's degree, I must enroll each semester until the degree is awarded. Either enrollment as a regular student or adjunct enrollment satisfy this requirement. Adjunct enrollment consists of registration in GRST 899 through Regional and Continuing Education. Open University or other extension enrollment cannot be substituted.

2. The registration deadline for GRST 899 in a given semester is the University census date (Friday of the fourth week of classes).

3. Late registration in GRST 899 requires clearance from my graduate advisory committee chair and the graduate coordinator, as well as a $10 per semester late fee. I understand that I may also be required to reapply (with no application fee) and be readmitted to the program that I am pursuing.

4. I cannot request Health Center privileges if registering late for the semester in progress.

5. Fees must be paid in full at the time of registration, and I am responsible for seeking reimbursement from a sponsoring agency if applicable.

I would like to enroll in GRST 899 for the following semester(s) and year(s): ______________________________________

I plan to re-enroll as a regular student: [ ] Yes [ ] No

Semester and year of planned re-enrollment: ________________________________________________________________

I certify that I have read and understand the above and that the information I provided is accurate.

____________________________
SIGNATURE

____________________________
DATE

____________________________
CHICO STATE ID #

____________________________
NAME (PRINTED)

____________________________
EMAIL

____________________________
ADDRESS

____________________________
PHONE

Committee Chair's and Graduate Coordinator's Clearance

[ ] This student may continue in the program under his original catalog.
[ ] This student will be subject to all requirements in the current catalog.

____________________________
SIGNATURE OF GRADUATE ADVISORY COMMITTEE CHAIR

____________________________
DATE

____________________________
NAME (PRINTED)

____________________________
DEPARTMENT

____________________________
SIGNATURE OF GRADUATE COORDINATOR

____________________________
DATE

____________________________
NAME (PRINTED)

____________________________
DEPARTMENT

1/2017

GS APPROVAL