

UNDERGRADUATE STUDENT PETITION

Family Name                      First Name                      Middle Name                      SID Number                      Major

I. Request to enroll in fewer units than required:

Class schedule with fewer than 13 units for \_\_\_\_\_ semester/year.

Class schedule with fewer than 12 units of courses that satisfy requirements for \_\_\_\_\_ semester/year.

II. Request for a waiver/substitution:

Substitution/acceptance of the following course(s): \_\_\_\_\_ for the following requirement: \_\_\_\_\_

Waiver of the following requirement: \_\_\_\_\_

PREVIOUS WAIVERS/SUBSTITUTIONS

<u>Requirement Waived/Substituted</u>	<u>Course Accepted</u>	<u>Date Approved</u>
_____	_____	_____
_____	_____	_____

III. Request for other: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Current class schedule: \_\_\_\_\_ semester/year

Future class schedule: \_\_\_\_\_ semester/year

<u>Course</u>	<u>Units</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

<u>Course</u>	<u>Units</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: \_\_\_\_\_

Total: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date

Adviser in 420 Latimer: \_\_\_\_\_

E-mail address: \_\_\_\_\_

For Office Use Only

Adviser:  Approval recommended      Associate Dean:  Approved  
 Approval not recommended       Not approved

OLADS	_____
DARS	_____
CKLST	_____

Signature

Date

Signature

Date

Comments: \_\_\_\_\_