

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 121 Gilman: _____

E-mail address: _____

For Office Use Only		OLADS _____ DARS _____ CKLST _____
Adviser: <input type="checkbox"/> Approval recommended	Associate Dean: <input type="checkbox"/> Approved	
<input type="checkbox"/> Approval not recommended	<input type="checkbox"/> Not approved	

 Signature Date Signature Date

Comments: _____