

# GRADUATE PETITION TO CHANGE CLASS SCHEDULE

for the  Fall  Spring Semester 20\_\_\_\_

Name \_\_\_\_\_ SID NO. \_\_\_\_\_  
last first middle

Email Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ College/School \_\_\_\_\_ Program \_\_\_\_\_ Degree Goal \_\_\_\_\_

**TO BE ADDED:**

5-Digit Class Number	Department (e.g., Math)	Course No.	Sec. No.	Units	Grade Option	Instructor's Signature	Date

**TO BE DROPPED:**

5-Digit Class Number	Department (e.g., Math)	Course No.	Sec. No.	Units	Grade Option

**TO CHANGE UNITS IN VARIABLE UNIT COURSE:**

5-Digit Class Number	Department (e.g., Math)	Course No.	Sec. No.	Former Units	New Units	Instructor's Signature	Date

**TO CHANGE GRADING OPTION (check desired option):**

5-Digit Class Number	Department (e.g., Math)	Course No.	Sec. No.	S/U	Letter Grade

**TOTAL NUMBER OF WORKLOAD UNITS ON STUDY LIST: Before change \_\_\_\_\_ After Change \_\_\_\_\_**

ARE YOU AN ACTIVE INTERCOLLEGIATE (NCAA) STUDENT-ATHLETE FOR THIS SEMESTER? Yes \_\_\_ No \_\_\_

**REQUIRED SIGNATURES**

\_\_\_\_\_  
*Student* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Program Advisor* \_\_\_\_\_ *Date*

\_\_\_\_\_

Processed by:  Date:  Comments:
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