

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:
