



# UNDERGRADUATE STUDENT PETITION

**INSTRUCTIONS:** Check appropriate box.

- DEPARTMENTAL EXCEPTIONS:** Select this option if you are requesting any departmental exceptions including course substitutions. If a course does not appear on an approved list published in the general catalog, department publications or approximation chart, **SUBMIT** this petition to your **MAJOR DEPARTMENT**. **Remember to include a course number and indicate whether the course is lower or upper division.**
- COLLEGE EXCEPTIONS:** Select this option if you are requesting any college exceptions including General Education course substitutions. If a course does not appear on an approved list published in the general catalog, college publications or articulation agreement, **SUBMIT** this petition to your **COLLEGE ADVISING OFFICE**.
- SUMMER SESSION:** Select this option if you are requesting any exceptions to the general rules governing summer session.
- UNIVERSITY EXCEPTIONS:** Select this option if you are petitioning for reasons other than the above, but which are exceptions to University Policy. Please check with your College Advising Office regarding appropriate signatures.

Name: \_\_\_\_\_ P.I.D.#: \_\_\_\_\_ Class Level: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Local Telephone: (\_\_\_\_) \_\_\_\_\_

Major: \_\_\_\_\_ College: \_\_\_\_\_

**IF APPROVED, YOUR PETITION WILL BE PLACED IN YOUR FILE.  
 IF DISAPPROVED OR APPROVED WITH CONDITIONS, YOU WILL BE NOTIFIED.**

<b>If UCSD course:</b> Subject: _____ Course #: _____ Grade Option: _____ Units: _____ Section ID: _____ Term: _____ <b>If UCSD course:</b> Subject: _____ Course #: _____ Grade Option: _____ Units: _____ Section ID: _____ Term: _____ <b>REQUEST:</b> (If you are petitioning a non-UCSD course attach a copy of the catalog course description.) _____   <b>REASON FOR REQUEST:</b>    STUDENT SIGNATURE: _____ DATE: _____
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**For Official Use Only**

<input type="checkbox"/> <b>APPROVAL</b> <hr/> Instructor/Faculty Advisor _____ Date _____ <hr/> Department Chair _____ Date _____ <hr/> College or Summer Session Director (Summer Only) _____ Date _____ <input type="checkbox"/> Pending receipt of official transcripts verifying appropriate transfer credits and grade.	<input type="checkbox"/> <b>DISAPPROVAL</b> <hr/> Instructor/Faculty Advisor _____ Date _____ <hr/> Department Chair _____ Date _____ <hr/> College or Summer Session Director (Summer Only) _____ Date _____
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**COMMENTS:** \_\_\_\_\_

Distribution: College - cc: Registrar when necessary  Grade Report  ISIS  
 Department or Summer Session when necessary Registrar : \_\_\_\_\_ Date: \_\_\_\_\_  
 Student copy