UCSD

Office of the Registrar
University of California, San Diego
9500 Gilman Drive, 301 UCtr
La Jolla, California   92093-0021

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.

If UCSD course: Subject: _____ Course #: _____ Grade Option: _____ Units: _____ Section ID: _____ Term:_____

If UCSD course: Subject: _____ Course #: _____ Grade Option: _____ Units: _____ Section ID: _____ Term:_____

REQUEST: (IF you are petitioning a non-UCSD course attach a copy of the catalog course description.)_____

_____

_____

REASON FOR REQUEST:
_____

_____

STUDENT SIGNATURE: _____   DATE:_____

For Official Use Only

☐ **APPROVAL**

_____
Instructor/Faculty Advisor　　　　　　　　　Date

_____
Department Chair　　　　　　　　　　　　　Date

_____
College or Summer Session Director (Summer Only)　Date
☐ Pending receipt of official transcripts verifying appropriate transfer credits and grade.

☐ **DISAPPROVAL**

_____
Instructor/Faculty Advisor　　　　　　　　　Date

_____
Department Chair　　　　　　　　　　　　　Date

_____
College or Summer Session Director (Summer Only)　Date

COMMENTS:_____

Distribution:　College - cc: Registrar when necessary
　　　　　　　Department or Summer Session
　　　　　　　　when necessary
　　　　　　　Student copy

☐ Grade Report　　☐ ISIS

Registrar : _____   Date: _____

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