UNIVERSITY OF CALIFORNIA, RIVERSIDE
College of Humanities, Arts, and Social Sciences-Student Academic Affairs
Student Petition

Name	Student ID #	Major	Phone

Address	City	State	Zip Code	**UCR** Webmail

Are you now in attendance at UCR? ( ) Yes ( ) No Expected Graduation Date ________________
Provide all requested information. Remember to stop by the College office to learn of our decision.

I petition to:

( ) Exceed 216 units maximum for graduation

Reason:____
Total number of units required to complete your degree:________________________________

( ) Waive Senior Residency Requirement (Residency = 35 of last 45 units must be at UCR)

Reason:____
Total number of non-UCR units to be taken:____

( ) Repeat course a second time. (i.e., take class for a <u>third</u> time – MUST be approved prior to enrollment)

Course Department/Number	Units	Quarter/Year

Reason:____

( ) *Credit by Examination (Five dollar fee required)

Course Department/Number	Units	Qtr./Yr.	Exam Date	Letter Grade/SNC

(Petition must be filed with the Office of the Registrar no later than the third week of instruction)

( ) *Time Extension for Removal of Incomplete

Course Department/Number	Qtr./Yr. "I" Received	Date work will be completed

( ) *Revert "F" or "NC" to Incomplete (originally graded Incomplete)

Course Department/Number	Qtr./Yr. "F" or "NC" Received	Date work will be completed

Student's Signature **Date**

^^

Approved _____ **Denied** _____
Remarks ____________________________

Instructor's Name (Print)

Instructor's Signature

Approved _____ **Denied** _____
Remarks ____________________________

Advisor's Name (Print)

Advisor's Signature

Dean's Action
Approved _____ **Denied** _____ **Remarks**____

* Instructor's Signature Required

Dean's Signature **Date**

JCB 2/04