Please complete this petition and obtain your instructor’s and your Department Graduate Advisor’s signatures. For all retroactive requests, please submit the Retroactive Schedule Adjustment Petition. A $3.00 fee will be charged to your BARC account if this petition is submitted after the fifth day of instruction.

Name: ___________________________ Perm: __________ Major/Department: ______________

Email: ___________________________ Phone: ________________________________

Course Details:

<table>
<thead>
<tr>
<th>Qtr/Yr</th>
<th>Subject</th>
<th>Course #</th>
<th>Enrollment Code</th>
<th>Grade Option</th>
<th>Units</th>
<th>Instr. #</th>
<th>Instructor Name</th>
</tr>
</thead>
</table>

REASON FOR REQUEST (REQUIRED):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature ___________________________ Date ______________

**REQUIRED APPROVALS**

**INSTRUCTOR OF THE COURSE:**

☐ Approve

Print or type name ___________________________ Signature ___________________________ Date ______________

**HOME DEPARTMENT GRADUATE ADVISOR**

☐ Approve

Print or type name ___________________________ Signature ___________________________ Date ______________

**DEPARTMENT CHAIR (ONLY for courses in the College of Engineering: graduate students wishing to take an undergraduate course with enrollment restrictions MUST have approval from the Chair of the department offering the course):**

☐ Approve

Print or type name ___________________________ Signature ___________________________ Date ______________

**OFFICE OF THE REGISTRAR USE ONLY:** Processed by ______________ Date ______________