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: ____________________________

Umail: ____________________________  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 ____________________________

REQU不得已ED 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 ____________________________