

Name: _____

E-mail address: _____

Date: _____

ID #: _____

Course Petition Form

Course requesting petition for: _____

Professor: _____

Number of units: _____

Quarter and year taken: _____

Note: Course syllabus must be attached

How does this course relate to K-12 education?

Student's signature: _____ Date: _____

Approved

Denied

Reason:

Academic Counselor's signature: _____ Date: _____