## PETITION TO CHANGE CLASS SCHEDULE

			for the	е 🗌	Fall [	Spri	ing Seme	ster 20	
		(NOTE: TH	IS FORM	MUST	BE CO	MPLET	ED IN BLU	IE OR BLACK INK ONLY.)	
Name			first	<del>,</del>			middle	SID No	U G
Local Add	dress	street	11130				Illiuule		
						city/stat			
Telephor	ne No. ( )_	0	College/School				Major		
TO BE A	DDED:								
Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	Units	P/NP S/U	Repeat?	Instructor's Signature	Date
Α									
Α									
Α									
Α									
TO BE D	ROPPED:	•		•	•		•		
Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	Units	P/NP S/U	Repeat?		
D									
D									
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TO CHA	NGE UNITS IN	VARIABLE UN	IT COURS	E:	ı		ı	•	
Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	Former Units		New Units	Instructor's Signature	Date
U									
U									
TO CHA	NGE GRADINO	OPTION (che	ck desired	d optic	n):				
Action Code	Course Control No.	Department (e.g., Math)	Course No.	Sec. No.	P/NP S/U		Letter Grade		
0									
0									
							9.50		
TOTAL NO	JMBER OF WOR	KLOAD UNITS OF	N STUDY LIS	ST: Be	fore chai	nge	Aft	ter change	
ARE YOU	AN ACTIVE INTE	RCOLLEGIATE (NO	CAA) STUDE	NT-ATI	HLETE FC	OR THIS	SEMESTER?	Yes No	
REQUIRE	O SIGNATURES -	see reverse for ir	structions						
Student							Date	Processed by	
								Date	
Major/Graduate Adviser							Date	Comments	
Dean or Dean's Representative							Date	confinents	
Faculty Athletic Representative							Date		
Veterans' Services							 Date		OR-Reg 05/01