

PETITION TO CHANGE CLASS SCHEDULE

for the ___ Fall ___ Spring Semester 20___

Name _____
 last first middle SID No.

Email Address _____
 Telephone No. _____ College: Engineering Major: _____

TO BE ADDED:

Action Code	Course Control No.	Department (eg. Math)	Course No.	Sec No.	Units	P/NP S/U	Instructor's Signature REQUIRED	Date
A								
A								

TO BE DROPPED:

NOTE: Dropped courses that involved Academic Dishonesty will be reinstated.

Action Code	Course Control No.	Department (eg. Math)	Course No.	Sec. No.	Units	P/NP S/U	
D							
D							
D							

TO CHANGE UNITS IN VARIABLE UNIT COURSE:

Action Code	Course Control No.	Department (eg. Math)	Course No.	Sec. No.	Former Units	New Units	Instructor's Signature REQUIRED	Date
U								
U								

TO CHANGE GRADING OPTION (check desired option):

Action Code	Course Control No.	Department (eg. Math)	Course No.	Sec. No.	Units	P/NP S/U	Letter Grade
O							
O							

TOTAL NUMBER OF WORKLOAD UNITS ON STUDY LIST: Before change _____ After change _____

Student Signature _____

Date _____

Processed by _____

Date _____

Comments _____