Graduate Petition for Exception

FOR:
1) Course Approval for Degree Requirements
2) Excess Units
3) Switch Emphases
4) Other Exception Requests

GRADUATE STUDENT:

Please fill out the form and return it to Public Health. Course approval must have Faculty Advisor signature prior to submission. If your request is disapproved, you will be notified of the results via email.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle Initial</th>
<th>Student ID Number</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________</td>
<td>______</td>
<td>______________</td>
<td>_________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Enrollment Status: □ Full-Time □ Part-Time

□ 1) Submit a Course for Approval to Meet a Degree Requirement (attach syllabus)

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Instructor</th>
<th>Degree Requirement Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Faculty Advisor Name __________________________ Signature __________________________ Date ______________

□ 2) Enroll in Excess Units (More than 16 units) No. of excess units requested ______ Quarter ________ Year ________

Approval requires student to be in good academic standing. New students may petition, but by signing this form, understand that approval of enrollment in excess units in the following quarter will be contingent on first quarter grades. If approved, WebReg will be updated to allow student to enroll in excess units. WebReg permission to enroll in excess units must be entered each quarter.

Reason for requesting excess units: ________________________________________________________________

Faculty Advisor Name __________________________ Signature __________________________ Date ______________

□ 3) Switch Emphases Current Emphasis ________ Proposed Emphasis ________ Effective Quarter (F/W/S)/Year ________

□ 4) Other Exception Requests (Please explain below and attach additional pages if necessary. Please also attach copies of any supporting documents that may be relevant to the request.)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

STUDENT SIGNATURE __________________________ Date ______________

OFFICE USE ONLY

Date Received ______________

Notes: _____________________________________________________________

□ Approved □ Not Approved Graduate Advisor __________________________ Date ______________