



Curriculum Petition Form

Name: _____

Student ID Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Given to student by:

On: _____

Returned by student to:

On: _____

Effective Quarter: _____ **Effective Date:** _____

GEC Substitution GEC Waiver Public Affairs Core Substitution Specialization Substitution

Other: _____

Support Requested:

All retroactive adds require permission of both instructor and department chair.

Instructor Department Chair Course Syllabus Medical evidence

Other: _____

To The Petitioner:

Please explain clearly the reasons for your request. Attach additional pages if needed.

Student's Signature: _____

Date: _____

Office Use Only

Decision: Granted Denied **Remarks:** _____

College Signature: _____

Date: _____