PETITION
FOR ADDITIONAL INDEPENDENT STUDY COURSE

Please Type or Print:

STUDENT NAME: ________________________________________________________________
Last                                                      First                                                      Middle

CLASS: __________            DATE: __________

Semester & year | Course Number | Sec. | Units | Class Title | Instructor
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Course Subject (for credit): ____________________________________________________________
Instructor: ________________________________________________________________

List below all previously approved-for-credit Independent Study courses taken, in reverse chronological order (use reverse side of form if necessary.)

Course Subject (for credit): ____________________________________________________________
Instructor: ___________________________________         Fall                 Spring     Academic year   ___________

Course Subject (for credit): ____________________________________________________________
Instructor: ___________________________________         Fall                 Spring     Academic year   ___________

Student's signature: ___________________________           Date: ______________

Instructor's Recommendations:

☐ Petition accepted.

☐ Petition denied for the following reason:__________________________________________________________
____________________________________________________________________________________________

Instructor's Signature           Date

Advisor's Signature           Date

Associate Dean's Signature           Date

Distribution: Student File