UNIVERSITY OF CALIFORNIA, RIVERSIDE
College of Humanities, Arts, and Social Sciences-Student Academic Affairs
Student Petition

Name _____ Student ID # _____ Major _____ Phone _____

Address _____ City _____ State _____ Zip Code _____ **UCR** Webmail _____

Are you now in attendance at UCR? ( ) Yes ( ) No Expected Graduation Date _____

Provide all requested information. Please print and file completed form at college office.

I petition to:

( ) Exceed 216 units maximum for graduation

Reason:_____

Total number of units required to complete your degree:_____

( ) Waive Senior Residency Requirement (Residency = 35 of last 45 units must be at UCR)

Reason:_____

Total number of non-UCR units to be taken:_____

( ) Repeat course a second time. (i.e., take class for a third time – MUST be approved prior to enrollment). If more than three takings of course, please specify ALL quarters.

_____ _____ _____
Course Department/Number Units Quarter/Year

Reason:_____

( ) *Credit by Examination (Five dollar fee required)

_____ _____ _____ _____ _____
Course Department/Number Units Qtr./Yr. Exam Date Letter Grade/SNC

(Petition must be filed with the Office of the Registrar no later than the third week of instruction)

( ) *Time Extension for Removal of Incomplete

_____ _____ _____
Course Department/Number Qtr./Yr. "I" Received Date work will be completed

( ) *Revert "F" or "NC" to Incomplete (originally graded Incomplete)

_____ _____ _____
Course Department/Number Qtr./Yr. "F" or "NC" Received Date work will be completed

_____
Student's Signature Date

^^^