University of California, Riverside

College of Humanities, Arts, and Social Sciences Office of the Associate Dean-Student Academic Affairs

Student Petition (please complete form electronically and email to your academic advisor)

You will not receive a copy of this petition if it is approved. Contact the College Office in 5 working days to learn our decision.

Name	Student ID # Major City		Major	UCR Webmail		
Address				State	Zip	Phone
Are you now in attendance at UCR?	() Yes () No			Expected Graduation Date		
I make the following request:						
Reason:						
Advisor Notes:				Studen	t's Signature	Date
				Adviso	or's Signature	Date
Associate Dean's decision: ()	Approve	() Disap	prove			
				——————————————————————————————————————	Signature	Date

JCB 2/18