

CaSB UNDERGRADUATE COURSE PETITION

Name: _____ UID: _____ Date: _____

Email: _____ Major: **CaSB** Concentration: _____ Degree Expected Term: _____

My request is (one per form): _____

The reason(s) for my request is: _____

The attached items are in support of my request: _____

_____ Initial Here I understand that submission of my request for consideration by the Chair of Computational & Systems Biology IDP does NOT guarantee approval. There are some petition requests that are referred to the faculty for recommendation and will take a MINIMUM of 1-2 weeks.

Date: _____ Student Signature: _____

For Use by Computational & Systems Biology IDP Only

Referred to: _____	Decision (circle one):	APPROVED	DENIED
Notes/Conditions: _____			

Date: _____	Signature: _____		
Counselor Comments: _____	Petition # _____		