

CaSB UNDERGRADUATE COURSE SUBSTITUTION PETITION

Name: _____ UID: _____ Date: _____

Email: _____ Major: _____ Concentration/Track: _____

Degree Expected Term: _____

My request is (one per form): _____

The reason(s) for my request is (are):

Note: Please focus on what you will gain from taking the substitute course, not only why you are unable to take the approved course.

The attached items (e.g., syllabus, course description) 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 # _____		