

**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 Email \_\_\_\_\_

Are you now in attendance at UCR?      Yes      No      Expected Graduation Year/Qtr: \_\_\_\_\_

**Provide all requested information. Please complete and email to your academic advisor.**

**Petition to:**

***\* Instructor's Signature Required***

**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 (mm/dd/yyyy)      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 (mm/dd/yyyy)

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

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Course Department & Number      Qtr/Yr "F" or "NC" received      Date work will be completed (mm/dd/yyyy)

\_\_\_\_\_  
Student's Signature      Date (mm/dd/yyyy)

Approved: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
\_\_\_\_\_

Denied: \_\_\_\_\_

Academic Advisor Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor Name (Print): \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_

***Dean's Action***

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_      Denied: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Date (mm/dd/yyyy): \_\_\_\_\_