

Undergraduate Student Petition

UCI *Claire Trevor* School of the Arts

INSTRUCTIONS: **Please print.** Complete the petition and submit it to the Student Affairs Office, MAB 101
You must **attach any transcripts** if your petition refers to a class(es) you have taken.

Name _____ Last Name, First Name	Phone (____) _____ UCI ID # _____ UCI NET ID _____ @uci.edu
School _____	Major _____
Year FR SO JR SR	
I make the following request:	
Justification (Please attach additional sheets if more space is needed):	
X _____ <i>Student's signature</i>	
DATE	

Petition is: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Comments: _____ _____ _____		
X _____ <i>Recommending Faculty's signature</i> (if required) DATE			
<input type="checkbox"/> Granted <input type="checkbox"/> Denied			
X _____ <i>Chair's signature</i> (if required) DATE			
<input type="checkbox"/> Granted <input type="checkbox"/> Denied			
X _____ <i>Dean/Associate Dean's signature</i> DATE			
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Student contacted on _____</td></tr><tr><td><input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Email By _____</td></tr></table>		Student contacted on _____	<input type="checkbox"/> Phone <input type="checkbox"/> Voicemail <input type="checkbox"/> Email By _____
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