EXCEPTION TO SPECIAL STUDIES COURSE POLICY (COURSES NUMBERED 98, 99, 197, 198, 199)

Student name			St	Student ID number		
Email address			Phone number			
☐ More t☐ More t	am requesting the than 4 units per sem than 16 units for gra grade for a 199 cou	nester (Are you duation	• '	ng senior	·? □ Yes □ No)	
1. A pers 2. A lette	sonal statement expl er of support from th	aining and just ne faculty spons	ifying your sor (or instr	request uctor of	st be attached to this petition: for an exception by the Dean; and record) on official departmental letterhead. Notification of final decision is sent via email.	
_	E(S) TO BE ADDED		king days of	тесегрі. 1	Notification of final decision is sent via email.	
Term	Course Control # (CCN)	Department	Course #	Unit value	Instructor Signature (not needed for Drop)	
Total num	nber of units on class	schedule: Bef	fore change _		After change	
Student's signature						
Comment	es:					
☐ Appro	ved					
Dean or Dean's Representative					Date	
2 nd Dean or Dean's Representative (simultaneous degree only)					Date	

12/17/10