

## University of California, Davis Office of the University Registrar

## Petition for Retroactive Change

One Shields Avenue, Davis, CA 95616-8692 / Information: (530) 752-3639 / Fax: (530) 752-6906

Complete petition and pay the \$3.00 fee at the Cashier's Office, in 1200 Dutton Hall. Take completed petition with supporting documentation to the department offering the course. The department will forward the petition to the Office of the University Registrar.

| Personal Information   |  |  |
|--|--|--|
| Student ID Number  | E  | E-mail Address   |
| Name   |  |  |
| Local Address  |  |  |
| City/State/Zip   | P  | hone   |
| College  | M  | Iajor  |
| Course Information   | Petition Information (check one)   |  |
| CRN  | Retroactive Add  | Change course number (e.g., 99 to 199)   |
| Course   | Retroactive Drop   | Change units (variable unit course only)                                       |
| Section  | Change to P/NP or S/U grading  | Other:   |
| Quarter and Year   | Drop P/NP or S/U option  |  |
| Explain the basis for this request. Include  |  | 11 telectri della control puges, injerimenteri, until verification de neces    |
| ary. <b>Petitions without supporting do</b>  | cumentation will not be accepted.  |  |
| ary. <b>Petitions without supporting doo</b> $\frac{1}{2}$ certify that I am the above named p   | erson and the information I have provided is accurate.   |  |
| ary. <b>Petitions without supporting doo</b> certify that I am the above named p   | erson and the information I have provided is accurate.   | Date   |
| certify that I am the above named potudent signature  Department Use Only Instructor: Complete the following in Do you recommend the above named potudents:  If petition is for retroactive  | erson and the information I have provided is accurate.  If ormation and return form to the Office of the University Regove request?  Yes  No   | Date gistrar. Forms returned by the student cannot be accepted.                |
| certify that I am the above named postudent signature  Department Use Only Instructor: Complete the following in Do you recommend the above named postudent signature  If petition is for retroactive Grade  Use Only                            | erson and the information I have provided is accurate.  If ormation and return form to the Office of the University Regove request?  Attach additional sheets if necessary.  add, please include the following information:                            | Date gistrar. Forms returned by the student cannot be accepted.                |
| certify that I am the above named postudent signature  Department Use Only Instructor: Complete the following in Do you recommend the above named postudent signature  If petition is for retroactive Grade  Use Only                            | erson and the information I have provided is accurate.  Information and return form to the Office of the University Regove request?  Attach additional sheets if necessary.  Add, please include the following information:  Units Date work completed | Date gistrar. Forms returned by the student cannot be accepted.                |
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| certify that I am the above named postudent signature  Department Use Only Instructor: Complete the following in Do you recommend the ab Reason:  If petition is for retroactive Grade  Unstructor signature                                     | erson and the information I have provided is accurate.  Information and return form to the Office of the University Regove request?  Attach additional sheets if necessary.  Attach additional information:  Units Date work completed  Instructor na  | gistrar. Forms returned by the student cannot be accepted.  ume (please print) |
| Certify that I am the above named postudent signature  Department Use Only Instructor: Complete the following in Do you recommend the above Reason:  If petition is for retroactive Grade  Instructor signature  Office Use Only  Account billed | erson and the information I have provided is accurate.  Information and return form to the Office of the University Regove request?  Attach additional sheets if necessary.  Attach additional information:  Units Date work completed  Instructor na  | gistrar. Forms returned by the student cannot be accepted.  me (please print)  |