

GRADUATE SCHEDULE ADJUSTMENT PETITION

Late: _____ **Retroactive:** _____
(Quarter/Year) (Quarter/Year)

Please complete this petition and obtain your instructor's and your department graduate advisor's signatures. For all retroactive requests, the Graduate Dean's signature is required. Graduate council policy on retroactive requests: <http://www.graddiv.ucsb.edu/handbook/petitionsandexceptions.html#retroactiveadjustments>

A \$3.00 fee will be charged to your BARC account if this petition is submitted after the fifth day of instruction.

Name _____ Perm _____
Major/Department _____ Degree Program _____
E-mail _____ Phone _____

(Please select **one** of the following actions)

- Add a course
- Withdrawal from a course
- Change Grading Option from letter grade to P/NP-S/U
- Change Grading Option from P/NP-S/U to letter grade

CLASS INFORMATION:

_____	_____	_____	_____	_____	_____	_____
Subject	Course #	Enrollment Code	Grade Option	Units	Instr. #	Instructor Name

REASON FOR REQUEST (REQUIRED):

Student Signature

Date

APPROVALS REQUIRED:

_____	_____	_____	_____
Instructor Signature	Date	Graduate Advisor Signature	Date

_____	_____	_____	_____
Graduate Dean*, 3117 Cheadle Hall	Date	Department Chair**	Date

*Required after the last day of instruction for the quarter

**For courses in the College of Engineering: any graduate student who wishes to take an undergraduate course with enrollment restrictions in the College of Engineering MUST have approval from the chair of the department offering the course.

Office of the Registrar Use Only:

Processed By _____ Date _____

