

CLOSED CLASS PETITION FORM

Research College of Nursing

STUDENT I.D. # _____ STUDENT LEVEL (*Circle One*): Fr. Soph. Jr. Sr. Uncl.

NAME _____		
(Last)	(First)	(M.I.)
PHONE NO. _____		
(LOCAL)	(OVER THE BREAK)	(CELL PHONE#)
ADVISOR _____	MAJOR _____	GRADUATION DATE _____

I would like to petition to take the following course for the ___ Fall ___ Spring ___ Summer Term

CRN#	(Course # & Section)	(Title)	(Day/Time)	(Instructor)
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Please explain why you need to enroll in this course this term.

What course do you wish to **DROP** if your petition is granted?

CRN #	(Course # & Section)	(Title)	(Day/Time)	(Instructor)
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NOTE: If an opening in the course becomes available, petitioners will be contacted in order of the petitions submitted. At that time you can either add the course or withdraw your petition. Please make sure we have the correct telephone numbers, both local and over break, to contact you. **DO NOT ASSUME THAT YOU ARE ENROLLED IN THE COURSE AS A RESULT OF THIS PETITION.**

I hereby request enrollment in the above course and certify that all information that I have provided is correct.

Student Signature _____

Date _____

OFFICE USE ONLY		
Number	Date	Initials
Granted	Date	