Request for Exception to Independent Study Regulations

With this petition you must provide: 1) An Instructor’s Statement of support; 2) your proposal for each listed course. Incomplete petitions will be returned without action.

Name ______________________________________________  Perm# ____________________________
Last                                                        First                               MI
U-mail Address_________________________________________ Phone (     )_______________________

Declared Major(s) ______________________________  Expected Date of Graduation _________________

Check the regulation to which you are seeking an exception:

☐ < 90 units       ☐ 5 units maximum per term       ☐ 15 units maximum per academic year

No exception can be made to the limit of 30 total units of independent study.

List 98/99/198/199/199RA course(s) requested. Please include enrollment code, instructor number, units and grading option, where applicable. (If summer session indicate session.)

<table>
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<tr>
<th>DEPARTMENT</th>
<th>COURSE #</th>
<th>ENR #</th>
<th>INSTRUCTOR'S NAME</th>
<th>INSTR #</th>
<th>UNIT VALUE</th>
<th>GRADING OPTION</th>
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Term requested ___________  Total # of Independent Study units requested for this quarter: ___________

Justification for exception:

______________________________________
Student’s Signature                    Date

☐ Approved    ☐ Denied

______________________________________
Dean of Undergraduate Education        Date

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**Instructor’s Statement of Support:** To Instructor(s): Please indicate 1) why you support the requested exception, 2) your grading criteria for the course, 3) your awareness of the student’s overall and major grade-point averages. Also, please sign and date your statement. You may refer to the reverse side or a separate Request for Exception to Independent Study Regulations for the total number of independent study units proposed.

1. _____________________________________
   Instructor’s signature   Date

2. _____________________________________
   Instructor’s signature   Date

3. _____________________________________
   Instructor’s signature   Date

**DEPARTMENT CHAIR’S ENDORSEMENT:**

☐ 1) I have read the preceding statements and I endorse the proposed exception.

_________________________  ______________________
Chair’s Signature            Date

☐ 2) I have read the preceding statements and I endorse the proposed exception.

_________________________  ______________________
Chair’s Signature            Date