

STUDENT'S PETITION

*Please return petition to: Office of Instruction & Student Affairs, 260 Mulford Hall
 Berkeley, CA 94720-3100 • Tel: (510) 642-0542 • Fax (510) 643-3132*

Please PRINT your name as it now appears on University records.

| | | |
|-----------------|------------------|--|
| Last Name | First Name | Middle Name |
| SID Number | Telephone Number | |
| Current Address | No. & Street | Apt. City, State Zip Code |
| E-mail Address | Major | I was last registered for the term beginning : _____, 20____ |

INSTRUCTIONS: *Please state your request and provide your reasons in detail. If additional space is needed, use the back of this form. Supporting documentation may be required.*

REQUEST:

REASONS:

Student Signature * _____ **Date** _____

***NOTE:** You will receive notification via email with regards to the outcome of your petition

Student is not to write in spaces below. Reserved for supporting statements by faculty or specialist.

Endorsement: This is a petition for _____

FOR CNR OFFICE USE ONLY

Action Recommended: _____

Signed _____ Date _____

Dean or Dean's Representative