



## 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.)

DEPARTMENT	COURSE #	ENR #	INSTRUCTOR'S NAME	INSTR #	UNIT VALUE	GRADING OPTION

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



**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.

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(1)

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

(2)

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

(3)

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

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**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