



**Request for Exception to Independent Study Regulations**

Name \_\_\_\_\_ U-mail \_\_\_\_\_ Perm \_\_\_\_\_  
Last First Middle

Declared Major(s) \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_ Phone \_\_\_\_\_

Check the regulation to which you are seeking an exception:

- 84 units for 198/199**       **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.

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

Term requested \_\_\_\_\_ Total # of Independent Study units requested for this quarter: \_\_\_\_\_  
Quarter Year

Justification for exception:

\_\_\_\_\_  
 Student's Signature Date

Approved

Denied

\_\_\_\_\_  
 Dean of Undergraduate Studies Date

**➔ With this petition you must provide:** 1) An Instructor's Statement of support; 2) a self-addressed, stamped envelope; 3) your proposal for each listed course. Incomplete petitions will be returned without action.



**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)

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Instructor's signature

Date

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(2)

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Instructor's signature

Date

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(3)

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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.

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Chair's Signature

Date

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

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Chair's Signature

Date