



University of California, Davis
Office of the University Registrar

**Petition for
Retroactive Change**

One Shields Avenue, Davis, CA 95616 / Information: (530) 752-3639 / Fax: (530) 752-6906

Complete petition and charge the \$3.00 fee to your account or pay at the Cashier's Office. Take completed petition with supporting documentation to the department offering the course. The department will forward the petition to the Office of the University Registrar.

Personal Information

Student ID Number _____ E-mail Address _____
 Name _____
 Local Address _____
 City/State/Zip _____ Phone _____
 College _____ Major _____

Course Information

CRN _____
 Course _____
 Section _____
 Quarter and Year _____

Petition Information (check one)

Retroactive Add Change course number (e.g. 99 to 199)
 Retroactive Drop Change units (variable unit course only)
 Change to P/NP or S/U grading Other: _____
 Drop P/NP or S/U option _____

Reason for request

Explain the basis for this request. Include reason for not making request during the quarter in question. Attach additional pages, information, and verification as necessary. **Petitions without supporting documentation will not be accepted.**

I certify that I am the above named person and the information I have provided is accurate.

Student signature _____ date _____

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|--|--|
| Department Use Only | |
| <i>Instructor: Complete the following information and return form to the Office of the University Registrar. Forms returned by the student cannot be accepted.</i> | |
| Do you recommend the above request? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason: _____ | Attach additional sheets if necessary. |
| If petition is for retroactive add, please include the following information: | |
| Grade _____ | Units _____ Date work completed _____ |
| Instructor signature _____ | Instructor name (please print) _____ |

Office Use Only

Date keyed: _____
 by: _____

Final Action: approved _____
 denied _____
 deferred _____
 notified _____