IRREGULAR REGISTRATION PETITION

Name: ____________________________  Major: ____________________________  Class of: _______

UC ID#: ___________________________  Semester Petition Applies to: ______, CO-OP or STUDY sem. 
(write term) (circle one)

I petition to:

My reasons are:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Student Signature  Date

Adviser/Department Head Approved? YES  NO  Comments:

__________________________________________________________________________

Academic Adviser Signature  Name (please print)  Date

Professional Practice Approved? YES  NO  Comments:

__________________________________________________________________________

Professional Practice Adviser Signature  Name (please print)  Date

Committee on Academic Standards Approved? YES  NO  Comments:

__________________________________________________________________________

CAS Representative Signature  Name (please print)  Date

College File (original)  Dept. File  Student  Professional Practice  By_____ Date_____

8/15/13