

GENERAL PETITION

UNIVERSITY OF SOUTHERN CALIFORNIA
Committee on Academic Policies and Procedures

This petition pertains to academic issues only, and **does not** waive any financial responsibilities or obligations.

Last Name	First Name	Middle Name	USC ID Number
Local Address	City, State	Zip Code	Phone
USC Email	Major	Degree Objective	Class Level
			First Semester at USC

TO BE COMPLETED BY INITIATING DEPARTMENT

REQUEST:

- to count _____ units of _____ for which the degree limit is _____
total units course ID unit limit
- to count _____ taken out of sequence for unit and grade point credit
course ID term
- to repeat _____ for grade point credit
course ID term
- to count _____ as non-repetitious for subject, unit, and grade point credit
course ID term
- OTHER: _____

SIS Operator Code _____
 Date Issued _____
 Date Returned _____
 Date Sent to A.R. _____

ATTACHMENTS REQUIRED:

- Student Statement Supporting Documentation

ENDORSEMENTS REQUIRED: (Endorsements vary by petition. Check instructions.)

<u>Printed Name</u>	<u>Recommendation</u>	<u>Signature</u>	<u>Date</u>
<input type="checkbox"/> Instructor _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> Chair (Course) _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> Dean (Course) _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> Chair (Student's Major) _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> Dean (Student's School) _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> General Education _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____
<input type="checkbox"/> _____ Comments _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Neutral <input type="checkbox"/> Not Recommended	_____	_____

CAPP ACTION:

Date _____ Approved _____ Not Approved _____

Comments _____

Recorded

RETURN TO THE INITIATING DEPARTMENT WHO WILL FORWARD ALL COPIES TO THE ACADEMIC REVIEW AND RETENTION OFFICE FOR DISTRIBUTION.

ACADEMIC REVIEW AND RETENTION OFFICE; TRO 101, mc 0912; (213) 740-7741; acadrev@usc.edu