COURSE PETITION FORM

W&J ID: ____________________
Date: ____________________

Last Name ___________________________________________ First Name ___________________________________________ Middle Name ___________________________________________

Campus Box __________________ Current Phone Number __________________ Email __________________

Petitioned Course (subject - course # - section #): ______________________________________________________

Term:__________________________________________________________________________________________

Instructor, please initial all that apply:

_____ Override enrollment limit

_____ Override pre-requisites, co-requisites, and restrictions

_____ Override time conflict

_____ Instructor permission granted

Instructor Signature: ____________________________ Date: __________________

If you need to drop a course when this course is added to your schedule, please specify the course you intend to drop below.

Dropped Course (if applicable): ________________________________________________________________

Student Signature: ____________________________

Please return this completed form to the Registrar’s Office. If the course indicated on this form results in a fifth course for the term, you must also submit a Fifth Course Petition form.