



WASHINGTON
& JEFFERSON
OFFICE OF THE REGISTRAR

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.