

		(For Department Use Only)		
Date Submitted:	Major Status:	Date Reviewed:	Reviewed By:	
Name:		Student Notified Via:	Date Notified:	
UCLAID#:		Notified By:	Added to	
E-mail:		Decision:	Databases: Preliminary Final	
Petition Purpose:		Decision.		
If Other, Explain:		Comments:		
Institution Name:	Syllabus Term Submitted:			
Institution Location:	Actual Term Attended/Attending:			
Course:	Approved as: UCLA's:			
1	Denied Must Resubmit Regional Course			
Comments:				
Institution Name:				
		Syllabus Term Submitted:		
Institution Location:	Actual Term Attended/Attending:			
Course:	Appr	oved as: UCLA's:		
ı	Denied Must	Resubmit Regional	Course	
Comments:				
comments.				
Institution Name:	Syllabus Term Submitted:			
Institution Location:		Actual Term Attended/Attending:		
Course:	Appr	oved as: UCLA's:		
	Denied Must	Resubmit Regional	Course	
Comments:				