

(please fill-out then print)

CALIFORNIA STATE UNIVERSITY, LOS ANGELES  
CCOE/Division of Curriculum and Instruction STUDENT COURSE

(02/2013)

PROGRAM AREA:  Elementary  Secondary  Special Education  
STUDENT CLASSIFICATION:  Graduate  Undergraduate

***DUE WEDNESDAY OF THE 2<sup>nd</sup> or 7<sup>th</sup> WEEK OF THE PREVIOUS QUARTER TO WHICH THIS APPLIES***

**RETURN COMPLETED PETITION TO: Curriculum and Instruction - King Hall C2097**

TO: C&I Student Policy Committee Date \_\_\_\_\_

Name \_\_\_\_\_ CIN # \_\_\_\_\_

Address \_\_\_\_\_ Day phone \_\_\_\_\_

\_\_\_\_\_  
City State Zip E-mail \_\_\_\_\_

I do hereby make the following requests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for this request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Advisor consultation \_\_\_\_\_ Date \_\_\_\_\_

**AN APPROVED PETITION DOES NOT GUARANTEE A PERMIT FOR A CLASS**

COMMITTEE ACTION

Granted (reason) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Denied (reason) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No Action (reason) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Policy Committee Chair \_\_\_\_\_

Signature

Date