

BIOLOGY COURSE PETITION

Please answer all questions then submit to the Biology Dept., Science 3, Room 210

Name: _____ B-Number: _____

Email: _____ Phone: _____

School: Harpur/Other (specify) _____ Major: _____

Please Circle: Sr / Jr / Soph / Fresh Credits Completed: _____ In-progress: _____

Course: BIOL / BCHM (number and title) _____

Enter sections (CRN) in order of preference:

Lecture: _____ Discussion: 1. _____ Activity: 1. _____
2. _____ 2. _____
3. _____ 3. _____

** If I cannot have my preference, please place me in any section that fits in my schedule:

Yes / No - please initial here if yes _____

Please explain in detail why you need this course:

Will registering for this course cause an overload? Yes / No

Will registering for this course cause a time conflict? Yes / No

If this will cause an overload or time conflict and you would like a course dropped from your record, please indicate which course you would like dropped: _____

Student Signature: _____ **Date:** _____

Faculty Decision:

Approved / Denied If approved, which section? _____

Faculty Signature: _____ **Date:** _____

Office action: Processed by: _____ **Date:** _____

Student Notified: Yes / No