



University of California, Davis
Office of the University Registrar

**Petition for
Retroactive Change**

One Shields Avenue, Davis, CA 95616 / Information: (530) 752-3639 / Fax: (530) 752-6906

Complete petition and pay the \$3.00 fee at the Cashier's Office. Take completed petition with supporting documentation to the department offering the course. The department will forward the petition to the Office of the University Registrar.

Personal Information

Student ID Number _____ E-mail Address _____

Name _____

Local Address _____

* City/State/Zip _____ Phone _____

College _____ Major _____

Course Information

CRN _____

Course _____

Section _____

Quarter and Year _____

Petition Information (check one)

Retroactive Add

Retroactive Drop

Change to P/NP or S/U grading

Drop P/NP or S/U option

Change course number (e.g. 99 to 199)

Change units (variable unit course only)

Other: _____

Reason for request

Explain the basis for this request. Include reason for not making request during the quarter in question. Attach additional pages, information, and verification as necessary. Petitions without supporting documentation will not be accepted.

I certify that I am the above named person and the information I have provided is accurate.

Student signature _____ date _____

Department Use Only

Instructor: Complete the following information and return form to the Office of the University Registrar. Forms returned by the student cannot be accepted.

Do you recommend the above request? Yes No

Reason: _____

Attach additional sheets if necessary

If petition is for retroactive add, please include the following information:

Grade _____ Units _____ Date work completed _____

Instructor signature _____ Instructor name (please print) _____

Office Use Only

Date keyed: _____

by: _____

Final Action: approved _____

denied _____

deferred _____

notified _____

Retroactive Change