Elective Course Petition Form

(A Change of Schedule form may be required to be registered for this course).

Name______________________________    Date__________________
Student ID__________________________    Class Year_____ Tuc Phx
Email _____________________________   Semester to be taken:_______________

Course prefix, number and name_____________________________________________

Subject of Petition (explain how this course pertains to pharmacy, how it pertains to your education plan):

How is this course graded? P/F or A/B/C
How many units is this course? _____________

PLEASE ATTACH THE COURSE DESCRIPTION TO THIS PETITION.

Approve   Deny               Date__________________
Comments:

Associate Dean’s Signature___________________________________________

11/1/2017