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 number (Prefix, number, section, 5 digit class #)  
(ex: EPID 573a-003 (56789)

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:

Assistant Dean’s Signature____________________________

4/3/2020