

College of Pharmacy  
The University of Arizona

**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:  
\_\_\_\_\_

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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.**

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Approve      Deny

Date \_\_\_\_\_

Comments:

Assistant Dean's Signature \_\_\_\_\_