

TO: Committee on Academic and Professional Standards

RE: Petition to **INTENSIFY A COURSE**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

College (circle one): A&S CBA ENGR NURS Class: \_\_\_\_\_ Major(s): \_\_\_\_\_

Expected month/year of graduation: \_\_\_\_\_ Degree expected: \_\_\_\_\_

**I request permission to change my official registration as indicated below:**

Department: \_\_\_\_\_ Course Number/Section: \_\_\_\_\_ Title: \_\_\_\_\_ Credits: \_\_\_\_\_

To change the original section of this course:

**FROM:** \_\_\_\_\_ credits **TO:** \_\_\_\_\_ credits by intensification.

**REASON FOR REQUEST** (Use other side if necessary):

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE OBTAIN THE FOLLOWING SIGNATURES FOR APPROVAL:**

_____	_____	Yes _____	No _____	No Opinion _____
(Adviser's Signature)	(Date)			
_____	_____	Yes _____	No _____	No Opinion _____
(Instructor's Signature)	(Date)			
_____	_____	Yes _____	No _____	No Opinion _____
(Department Chair of Course Signature)	(Date)			
_____	_____	<b>APPROVED</b> _____		<b>DENIED</b> _____
(Dean of Student's College Signature)	(Date)			

**THE DEAN WILL FORWARD A COPY TO THE OFFICE OF THE REGISTRAR AND A COPY TO YOU.**

**APPEAL:** If you wish to appeal the Dean's decision, you may file an appeal with the Chair of the CAPS Committee.

**REASON FOR APPEAL:**

_____	_____	<b>APPROVED</b> _____	<b>DENIED</b> _____
(Student's Signature)	(Date)		
_____	_____		
(Chairperson's Signature)	(Date)		

**The Chairperson will forward a copy to the Office of the Registrar, a copy to the Dean of the student's college, and a copy to the student.**