

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)			
_____	_____	APPROVED _____		DENIED _____
(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:

_____	_____	APPROVED _____	DENIED _____
(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.