

COMPUTER SCIENCE COURSE SUBSTITUTION PETITION

NAME _____ ID #: _____

EMAIL _____ CLASS LEVEL FROSH SOPH JUNIOR SENIOR

WHAT MAJOR OR MINOR WILL THIS PETITION APPLY TO? _____

ARE YOU ALREADY DECLARED IN THIS MAJOR OR MINOR? YES NO

WHAT UCSC COURSE WILL THIS REPLACE? _____

NUMBER AND NAME OF COURSE FOR SUBSTITUTION: _____

COLLEGE/UNIVERSITY: _____ HAVE YOU COMPLETED THE COURSE? YES NO

IS THE COURSE APPROVED AS EQUIVALENT ON WWW.ASSIST.ORG? YES NO

TEXT USED (TITLE & AUTHOR): _____

UNITS: _____ GRADE: _____ SEMESTER SYSTEM QUARTER SYSTEM

PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SYLLABUS, HOMEWORK, EXAMINATIONS AND/OR CONTACT INFORMATION FOR THE DEPARTMENT/INSTRUCTOR WHO DID OR WILL OFFER THIS COURSE

- | | |
|---------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> COPY OF DATED COURSE SYLLABUS | <input type="checkbox"/> COPY OF UNOFFICIAL GRADE REPORT |
| <input type="checkbox"/> COPY OF HOMEWORK ASSIGNMENT(S) | <input type="checkbox"/> COPY OF EXAMINATION(S) |
| <input type="checkbox"/> COPY OF CATALOG DESCRIPTION | <input type="checkbox"/> OTHER: _____ |

COURSE WEBLINK: _____

COURSE INSTRUCTOR/DEPARTMENT NAME & CONTACT INFO: _____

PLEASE PROVIDE ANY ADDITIONAL EXPLANATION FOR THIS REQUEST. YOU CAN ATTACH AN ADDITIONAL PAGE IF YOU NEED MORE SPACE.

STUDENT SIGNATURE: _____ DATE: _____

IMPORTANT NOTE: Baskin School of Engineering Petitions **CANNOT** be used to substitute or waive the DC (Disciplinary Communication) requirement, as this is considered a General Education requirement.

DEPARTMENT USE ONLY

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> APPROVED FOR THE STUDENT'S CURRICULUM | <input type="checkbox"/> APPROVED FOR ARTICULATION |
| <input type="checkbox"/> NOT APPROVED FOR THE STUDENT'S CURRICULUM | <input type="checkbox"/> NOT APPROVED FOR ARTICULATION |

UNDERGRADUATE DIRECTOR: _____ DATE: _____

COMMENTS/CONDITIONS (PLEASE SPECIFY IF THE COURSE IS BEING APPROVED TO SATISFY A CAPSTONE/COMPREHENSIVE REQUIREMENT): _____

ADVISING OFFICE USE ONLY

MAJOR: _____ DECLARED ? YES NO

COURSE COMPLETED COURSE ELSEWHERE PETITION REQUIRED

EXCEPTION FOR THIS PROGRAM ONLY CONDITIONAL EXCEPTION

NO EXCEPTION ENTRY REQUIRED EXCEPTION ENTERED IN AAR BY: _____ DATE: _____

COMMENTS: _____