



# COLLEGE OF HEALTH SCIENCES

Name UMID

Address: City: State: Zip:

Telephone: Major Faculty/Department Advisor

**Preferred e-mail address:  
Petition decisions are sent via e-mail.**

**I hereby petition the committee to take the following action:**

**Add**

Course & Section Number	Full Course Name		
# of credits	CRN ( <i>Course Reference Number</i> )	Instructor's Name	Semester/Year of Course

**Waive 30-credit rule**

**External Institution Name:**

Term/Semester you plan to take course:

**Course 1:**

External Course Number	External Full Course Name	# of credits
Course Equivalent at UM Flint	Full Course Name	# of credits

**Course 2:**

External Course	External Full Course Name	# of credits
Course Equivalent at UM Flint	Full Course Name	# of credits

**Overload**

Term of proposed overload:

Total number of proposed credits for the term

Course(s) you are proposing to add:

Course & Section Number	Full Course Name	# of credits
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Course & Section Number	Full Course Name	# of credits
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**Other**

Please state your request below with great detail and accuracy. Examples include: waive partial credit, be considered under another academic catalog, use a course as a general education requirement, etc. **Be sure to include your details!**

**Personal Statement** Please provide a clear and thorough explanation of your request.

**My typed name below verifies that I have included a clear and substantial explanation, and that all information and documentation is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**IMPORTANT: Students, your portion is complete. Please download and submit form to Sarah Carlson for processing at: [sacarls@umich.edu](mailto:sacarls@umich.edu)**

*The Committee requires background information which only you, as instructor and/or advisor, can provide. You may submit your comments using the space below or via e-mail to Sarah Carlson in the CHS Dean's Office at [sacarls@umich.edu](mailto:sacarls@umich.edu) or 3180 William S. White building.*

**INSTRUCTOR'S COMMENTS:**

- I support** the student's request.
- I do not support** the student's request
- No opinion**

1. If the student is requesting a late add, please explain the accommodations that will be made for the student to catch up.
  
2. If the student is requesting a late add, please indicate the date the student must register by. *Note: the student will not be permitted to register for this class after this date.*

Instructor's signature

Instructor's printed name

Department

Date

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**ADVISOR'S COMMENTS:**

- I support** the student's request.
- I do not support** the student's request
- No opinion**

1. Please provide additional pertinent information:
  - a. *Provide catalog comparison for students wishing to be considered under their original academic catalog.*
  - b. *If for 30 credit hour waiver, is the external course an approved substitute?*

Advisor's signature

Advisor's printed name

Department

Date