



# Cornell University Graduate School

143 Caldwell Hall  
Ithaca, NY 14853-2602

Date \_\_\_\_\_

## COURSE ENROLLMENT PETITION Form R4

### INSTRUCTIONS

- ♦ This petition is to be used only under exceptional circumstances to alter enrollment after the University's official enrollment deadlines.
- ♦ After obtaining the signatures from the instructor of the course and your chair or advisor, submit the completed form to **Graduate School Student Services, 143 Caldwell Hall**.
- ♦ Provide your field with a copy of the completed form. All information on this form, excluding signatures, should be printed or typed. If you have questions, please contact the Graduate Student Services Office at (607) 255-5820.

### BIOGRAPHICAL INFORMATION

Cornell ID number \_\_\_\_\_ NetID \_\_\_\_\_ E-mail address \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Gender \_\_\_\_\_

Academic program (Field) \_\_\_\_\_ Degree program \_\_\_\_\_

### REASON FOR PETITION

- To alter course enrollment in the current term after the add-drop period ends
- To alter course enrollment for previous semesters
- To extend the one-year deadline to make up an Incomplete or NGR (No Grade Reported)

### REQUESTED ACTION

Term and year \_\_\_\_\_ Department abbreviation and catalog number \_\_\_\_\_

Add course: Credit hours \_\_\_\_\_ Grade option \_\_\_\_\_ Change credit hours to \_\_\_\_\_

Change grading option to \_\_\_\_\_ Drop with "W" (no explanation necessary)

Class title \_\_\_\_\_ Class number \_\_\_\_\_

### EXPLANATION

*Please briefly explain why you are requesting the change. Attach additional sheets if necessary.*

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### COMMITTEE SIGNATURES OF APPROVAL

Department approver (*Arts & Sciences and current enrollment only*) NetID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department comments (*Arts & Sciences and current enrollment only*) Signature \_\_\_\_\_

Instructor name \_\_\_\_\_ NetID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor comments \_\_\_\_\_

Special Committee chair or advisor name (*required*) NetID \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Committee chair comments \_\_\_\_\_

### GRADUATE SCHOOL ACTION

Petition approved \_\_\_\_\_ Copy sent to instructor \_\_\_\_\_ Copy sent to department \_\_\_\_\_ MGF processed on \_\_\_\_\_

Petition approved for instructor to submit Manual Grade Form \_\_\_\_\_ Petition denied \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_