



PETITION FOR CHANGE OF SEQUENCE

Name: Student ID: A00000

First term of enrollment: Phone: Date

Advisor 1: Advisor 1's role: Academic

Advisor 2: Advisor 2's role: Co-op

Advisor 3: Advisor 3's role: Language

Deadline: By the end of the ninth week of the quarter preceding the first term for which this petition is intended to alter.

- Required:**
1. Complete study/co-op sequence table below.
 2. Explain reason for sequence change in box on page 2.
 3. Signatures from academic, co-op, and language advisors on page 2.

1. An amended study/co-op sequence table through graduation

Write in or choose "Year" in drop-down. Write in or choose appropriate study/co-op drop-down for any terms you wish to amend.

Year in Standing	Fall Term	N-D Block	Winter Term	Spring Term	J-A Block
Year 1 Choose One	Study Amend to:		Study Amend to:	Co-op Amend to:	
Year 2 Choose One	Study Amend to:		Co-op Amend to:	Study Amend to:	
Year 3 Choose One	Study Amend to:		Study Amend to:	Study Amend to:	
Year 4 Choose One	Co-op Amend to:		Study Amend to:	Study Amend to:	
Year 5 Choose One					

2. Explanation for Sequence Change:

What is your proposed cooperative education experience or list of courses? Why this quarter? How does this integrate into your education goals?

3. Signatures from the student's advisors

Academic Advisor Signature:

Academic Advisor Printed Name:

Date:

Comments:

Co-op Advisor Signature:

Co-op Advisor Printed Name:

Date:

Comments:

Language Advisor Signature:

Language Advisor Printed Name:

Date:

Comments:

Acknowledgement:

I am aware that altering my study/work sequence from that of my cohort means that I may not be able to enroll in classes that are scheduled when students in my cohort are expected to enroll for study terms on campus. I have consulted my advisors and understand that I may not be able to enroll in key courses for my degree or courses that are prerequisites for other key courses when they are offered. I am aware that changes to my study/work sequence can necessitate additional terms for me to complete the requirements for my degree and may affect my financial aid and my ability to secure housing in the residence halls.

Student's signature: _____ Date: _____

The student will receive a copy of this form and a letter from the Registrar informing them of APRC's decision after APRC has reviewed this petition. APRC's decision is final and cannot be appealed. A copy of this form and a copy of the letter from the Registrar will be placed in the student's academic file.

For office use only:

Date received: _____

APRC review date: _____

APRC/REG decision _____

Approved

Denied