UC DAVIS HEALTH | SCHOOL OF MEDICINE

Registrar's Office

Administrative Record Change Petition

Department or curriculum personnel to complete "Petition For", "Reason For Change" sections, and obtain signature from IOR. Once completed and signed, email to hs-studentrecords@ucdavis.edu. Incomplete forms will be returned to submitter.

PETITION FOR (one form required per reason):

ADD COURSE FOR PREVIOUS QUARTER (final grade required)

DROP COURSE FOR PREVIOUS QUARTER

UNIT CHANGE FOR PREVIOUS QUARTER COURSE

Student Full Name _____ Student ID# _____ Class of _____

Course & Number (e.g. MDS 479) _____ CRN _____ Units _____

Quarter & Year Completed _____

Original Grade Assigned _____ Completed Grade Petitioned _____

Instructor of Record Name _____

Request Initiated by _____ Date _____

REASON FOR CHANGE: Administrative/clerical error, course in incorrect quarter

Administrative/clerical error, course not added within quarter

Administrative/clerical error, course not dropped within quarter

Administrative/clerical error, other (required if checked): _____

_____

REQUIRED SIGNATURES:

Instructor of Record _____ Date _____

Review and approval by SOM Registrar or Assistant Registrar:

School of Medicine Official _____ Date _____

Once completed, form will be routed to Office of the University Registrar for processing.