



UID# _____ Name: _____
Student Number Last First Middle

Local Address: _____
Number and Street City State Zip Code

Major: _____ Degree Objective : _____ Petition Term: _____

Petition Type	Requested Action
Coursework	
Coursework in Substitute Program	
English as a Foreign Language	
Native Language	
Language Examination	
Language Examination from Other University	
UCLA Language Department Placement Examination	
Other	

Additional Information

Student Signature _____ Date _____

Petitioner: Do Not Write Below This Line

Department Chair or Authorized Faculty Advisor Approval

Graduate Division Action _____

Signature _____

By _____

Date _____

Deputy _____ Date _____