

GRADUATE CREDIT PETITION

Instructions:

To Undergraduate students: please complete this petition and email to your **major academic advisor** to review. Petition must be approved and filed at the Registrar's Office by the last week of the semester in which the course is taken.

	_	trar's Office by th	ne last week of the semester in v	vhich the course is take	n.	
Please check box applie) S:					
Graduate Credit fo		,	·			
Graduate Credit in	າ Undergraduate C	ourse (upper-divi	ision courses)			
Last Name:	Name: First Name:			Middle	Middle Initial:	
"		For all		Occupado Branca ID:		
Phone #:		Email:		@cpp.edu Bronco ID:		
Major: Cal Poly GPA:			Cal Poly GPA:	Upper-Division GPA:		
Total Units Complete	ed:					
Have you submitted	your Graduation A		☐ No			
- Se - San - Undergradu credit for co - Eligible stud level) to be - This petition contact the - A course ma - An undergra - This petition into a gradu	tisfied the appropriate students must oursework outside dents may apply for taken for graduate a appropriate acade ay be taken for graduate may not reprint alone does not graduate may not graduate program. Students to the students of the state of the s	units or more con riate prerequisite t file this petition of their approved or up to 9 semeste e credit. uarantee that the emic department iduate credit only gister in any 6000 uarantee that the	(s) and obtain appropriate department of curriculum. er units of graduate and undergrade student will be registered in the to obtain a permission number of it it is not required as part of the	nent approval to receive aduate courses (upper-o e class. Students may no for the class they wish t e student's undergradu uirement or guarantee a	division and 5000 eed to to take. ate curriculum.	
requirement Complete course in		v				
Course Subject	Catalog #	Course Title		Units	Semester/Year	
,						
Student's Signature: Date:						
_		ent must obtain a	pproval signatures from the de			
DEPARTMENT OF TH			hbiogai 2:9:1000			
Academic Advisor fo						
Approve Deny Signature:Date:						
Department Chair for Student's Major: Approve Deny Signature: Date:						
Approve Den Graduate Studies Ar		ature:		Date:		
Approve Don	•	aturo:		Data:		

Department please email this form to registrar@cpp.edu

FOR REGISTRAR'S OFFICE USE ONLY

Processed by: (Initial & Date)

January 2025, RO