EXTERNAL COURSEWORK PETITION

Students should provide the advisor and DGS with a rationale for the requested non-chemistry course, as well as a course description and syllabus, if available.

Student Name: __________________________. Student ID #________________

Course Name and Number: ____________________________________________

____________________________________________________________________

Credit Hours: ______ Meeting Day/Time: ________________________________

☐ Please approve this course as one of my 6 required chemistry courses.  
(check if applicable)

Instructor of Record: __________________________ Signature __________________

(Email form the instructor of Record is also acceptable)

Advisor Name: ___________________________ Signature __________________

DGS Signature: ______________________________________________________

Return to the Graduate Program Coordinator with ALL signatures.  
The Graduate Program Coordinator will enroll you in the course.