Methods Course Cog Sci Petition

STUDENT: _________________________________

Number of courses completed for this requirement:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Course being petitioned:

Department and Number: ___________________________ Title: _______________________

Quarter and Year Taken: ___________________________ Instructor: __________________

Request:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Justification: (how will this course aid in their overall plan for graduate education)

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Approved Denied Student’s Adviser Date

Approved Denied Department Graduate Adviser Date

*Attach additional materials on the course (description, syllabus, reading list...) to expedite the petition process