

COURSE REQUIREMENTS PETITION

Stanford University, Department of Physics

This petition must be approved by both the student's department advisor and the Director of Undergraduate Studies and submitted to the Undergraduate Coordinator for all Course substitutions.

SECTION 1:

Name _____ SUID _____

E-mail _____

SECTION 2:

Provide an explanation for each course substitution petition below.

Substitute *Physics* or *Math* course #(s) _____ with the following:

Institution _____ Course #(s) _____

Explanation:

Petition to substitute *Physics* or *Math* course # _____ with the following:

Explanation:

SECTION 3: The signatures below certify that this petition is granted.

Department Advisor (print name) _____

Department Advisor (signature) _____ Date: _____

Director, Undergraduate Studies, **Peter Graham** (*Varian Building, Room 302, email: pwgraham@stanford.edu*)

Director, Undergraduate Studies (signature) _____ Date: _____