Submit this petition to Emi Kuboyama electronically, via her SUSE Mailbox on the first floor of Cubberley, or under her office door (Cubberley 122) for consideration during the first week of the quarter in which you would like your petition to be reviewed. Petitions are considered during the second week of fall & winter quarters.

Name: ________________________________________

Date: _________________________________________

Concentration:_________________________________

A. __ I wish to waive the following Thematic Cluster Requirement, completely or partially, and have included the transcripts and/or course descriptions that are appropriate:
   ___ Inquiry & Assessment (1 course minimum)
   ___ Organizational Leadership (3 course minimum)
   ___ Policy (3 course minimum)
   ___ Teaching & Learning (2 course minimum)

OR

B. __ I wish to have a non-approved course count towards a Thematic Cluster Requirement. I have included a syllabus for the non-approved course.

   Non-approved course, number, title, department, instructor’s name and quarter:__________________________________________________

   To count towards the following Thematic Cluster Requirement:
   ___ Inquiry and Assessment (1 course minimum)
   ___ Organizational Leadership (3 course minimum)
   ___ Policy (3 course minimum)
   ___ Teaching and Learning (2 course minimum)

Rationale for modification:
In a few paragraphs, please describe why you feel this petition should be granted. Explain how the new program plan or course will address your academic and professional goals and why this is a better option for you than the established POLS course/program.

For A, provide an explanation for your request to modify course/program requirements. Include a description of past courses or professional experiences that you believe have met or that satisfy this POLS requirements (include course numbers, institution, dates, instructors, final grades).

For B, provide an explanation as to why this course should count towards fulfillment of this Thematic Cluster Requirement. Also attach a copy of the syllabus to your petition.
POLS Petition for Program Modification, 2

POLS Program Director: ______________________________ Date: __________

( ) I approve the petition
( ) I do not approve the petition

Comments:

Copies to: Student, LDP Director, and MA Programs Officer