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

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E-mail

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**SECTION 2:**

***Provide an explanation for each course substitution petition below.***

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

Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation:

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

Explanation:

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

Department Advisor (print name) ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Advisor (signature) Date:

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

Director, Undergraduate Studies (signature) Date:

 6/10/19 ec rp