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Please fill out this form to submit a course petition. Your request will be reviewed by the Neuroscience program with seven business days. Please include a copy of the course syllabus with this petition.

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**Full Name:** \_\_\_\_\_ **UID:** \_\_\_\_\_

**UCLA E-mail:** \_\_\_\_\_

**Degree-Expected Term:** \_\_\_\_\_ **Select Program:**      **Major**      **Minor**

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*Course Substitution Request:*

**Course Department/Number:** \_\_\_\_\_

**Quarter Taken:** \_\_\_\_\_ **Course Instructor:** \_\_\_\_\_  
(or intended quarter)

**Elective or Core Category to Fulfill:** \_\_\_\_\_

*Provide a brief description of the course and why it should fulfill this elective or core requirement:*

Submit this petition form and accompanying documents to [neurosci@ucla.edu](mailto:neurosci@ucla.edu).

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For Use by Neuroscience IDP Only

This Petition is:       Approved       Denied

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_