


## Fall 2017 – Undergraduate Petition for Course Drop -- Form (page 2)

SJSU ID	010670270		
Name (print)	Maninderpal Singh	Category A, B, or C	A
Phone (cell preferred)	5102198351	Email Address	Maninderpal.singh@sjsu.edu
Student Signature		Major	Computer science

### Course information (one course per form, including any supplementary lab or activity)

5-digit course ID	48569	Dept & Course #	BUS3 12	Section #	80
Lab/Activity ID		Lab/Activity Course #		Section #	
Course Title	Money Matters			Term	Fall, 2017
Number of units remaining for the semester if this course drop petition is approved					12

Please indicate YES or NO for each of the required items for submission of a completed petition		
YES	NO	Required Items:
yes		This is the current version of the petition form (from <a href="http://www.sjsu.edu/aars/forms/">http://www.sjsu.edu/aars/forms/</a> )
yes		ALL required signatures (below)
yes		Your personal statement
	No	Documentation (on letterhead when appropriate; photocopies/faxes OK)/Healthcare Provider Form
yes		All the information I have provided in this petition is truthful and complete

Incomplete petitions will not be processed unless you provide an explanation for all of the above items that are indicated **NO**:

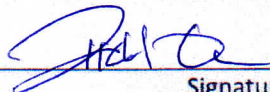
**One signature is required prior to submission (except for Open University/Special Session students who require IES signature and F-1 visa students):** (1) the instructor or (2) the department chair (or school director) if the instructor is not available. The appropriate college associate dean may provide the signature in cases where it is difficult, impossible, or a breach of required confidentiality to obtain recommendations of the instructor or chair.

#### Instructor Recommendation:

Student's current grade: F

My signature below indicates that the student has informed me of his/her intention to drop the class.

Comments (optional):

<u>RICHARD OKAMOTO</u>		<u>6/5/2017</u>	<u>(408) 375-7004</u>
Instructor Name (print)	Signature	Date	Phone

#### FOR F-1 Visa Students: ISSS Advisor's signature indicates that the student has discussed effects of withdrawal.

Comments (optional):

ISSS Advisor Name (print)	Signature	Date	Phone
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#### FOR OPEN UNIVERSITY/SPECIAL SESSION STUDENTS (circle one): **RECOMMEND** **DO NOT RECOMMEND**

Associate Dean of IES Recommendation

Comments (optional):

Associate Dean Name (print)	Signature	Date	Phone
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**STUDENT must submit to Academic Advising and Retention Services (AARS), Student Services Center**

**Director AARS Final Decision** (circle one): **APPROVE** **DENY** **OTHER**

**Type of Drop** (circle one): **WA** **WB**

Comments (optional):

Director (or designee) Signature	Date	DATA ENTRY / DATE
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