



BOTHELL

Master of Education Degree

Petition For Cross-Campus Enrollment

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Please indicate total number of credits awarded to date from cross campus enrollment or transfer credits from another institution that will be counted toward your UW Bothell M.Ed. degree. \_\_\_\_\_ (12 credits maximum allowed)

Please list the following information for the course(s) you wish to enroll:

Table with 5 columns: Campus, Quarter, Course Number and Title, Instructor, Credits. Contains 3 empty rows for data entry.

Briefly explain your reasons for requesting permission to enroll in this course. Documentation including a syllabus and catalog description MUST be provided if the request is for a non-University of Washington course.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY

Petition Approved \_\_\_\_\_ Petition Denied \_\_\_\_\_

Comments:

Graduate Program Coordinator \_\_\_\_\_

Date \_\_\_\_\_