

## PETITION TO WAIVE ELECTIVE REQUIREMENT

To: DEAN MANDEL,

From: \_\_\_\_\_, MS I MSII (circle one)

I request permission to waive:

\_\_\_\_\_ hours of the elective requirement for the \_\_\_\_\_ quarter, 200\_\_

To date, I have completed:

\_\_\_\_\_ hours of the required 21 weekly hours.

Justification:

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\_\_\_\_\_  
(Signature of Student)

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### FACULTY ADVISOR'S RESPONSE:

\_\_\_\_\_ I support this petition for the following reason(s):

\_\_\_\_\_ I do not support this petition for the following reason(s):

(Signature of Advisor)

(SIGNATURE APPROVAL: JESS MANDEL, M.D.)

**UNITS/SCORE AND ELECTIVE WEEKLY HOURS**

YEAR 1	FALL	WINTER	SPRING	YEAR 2	FALL	WINTER	SPRING
	<b>Major</b> units	units	units		units	units	units
	CBB 23	OP 10	POPc 2		HEM 2	HD 12	HD 12
	SBS 4	POPb 2	SBS 3		HA 8	SBS 3	LM 2
	27	ICM 1	BN 10		HIST 2	ICM 2	ICM 1
	<b>elec 3 hrs</b>	OP/POP	BCLS 0		SBS 2	17	15
		LAB 3	ERM 5		ICM 1	<b>elec 4hrs</b>	<b>elec 2 hrs</b>
		BCLS 0	ICM 1		EPI + Biostats 4		
	<b>Mini</b>	16	21		19		
	Genetics	<b>elec 4hrs</b>	<b>elec 4hrs</b>		<b>elec 4hrs</b>		
	POPa 1						

<b>ELECTIVES</b>	296, 299, & 496 lecture: seminar:	1 UNIT: 4 hours 1 UNIT: 1 hour 1 UNIT: 1 hour	Total of 21 weekly hours required first 2 years
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Name: _____		<b>DECELERATION PLAN</b>		<b>Plan Year 1 &amp; 2</b>	
	<b>FALL</b>		<b>WINTER</b>	<b>SPRING</b>	
	Major	Mini Genetics			
<b>Year 1</b>	CBB		OP	POP	
19__ - ____	SBS		POP	SBS	
	ELEC:		ICM	BN	
			BCLS	ERM	
			ELEC:	ICM	
				ELEC:	
<b>Year I (REPEAT)</b>	<b>FALL</b>		<b>WINTER</b>	<b>SPRING</b>	
	Major	Mini Genetics			
19__ - ____	CBB		OP	POP	
	SBS		POP	SBS	
	ELEC:		ICM	BN	
<b>and Year II</b>			BCLS	ERM	
			ELEC:	ICM	
	Total=			ELEC:	
<b>ELECTIVES</b>	296= lecture= seminar=	1 UNIT 1 UNIT 1 UNIT	4 HOURS 1 HOUR 1 HOUR	Total of 21 weekly hours required first 2 years	

UNITS/CORE				CORE			
Year 1	Fall	Winter	Spring	Year 2	Fall	Winter	Spring
	<b>Major</b> units	units	units		units	units	units
	CBB 23	OP 10	POPc 2		HEM 2	HD 12	HD 12
	SBS 4	POPb 2	SBS 3		HA 8	SBS 3	LM 2
	<hr/> 27	ICM 1	BN 10		HIST 2	ICM 2	ICM 1
	(elec 3) hrs	OP/POP	BCLS 0		SBS 2	<hr/> 17	<hr/> 15
	<b>Mini</b>	LAB 3	ERM 5		ICM 1	(elec 4) hrs	(elec 2) hrs
	Genetics	<hr/> 16	ICM 1		EPI + Biostats 4		
	POPa 1	BCLS 0	<hr/> 21		<hr/> 19		
		(elec 4) hrs	(elec 4) hrs		(elec 4) hrs		

Decelerated Schedule: \_\_\_\_\_ Copy to Student \_\_\_\_\_ Copy/financial aid

\_\_\_\_\_ Approved to JM \_\_\_\_\_ Copy to Deceleration Binder \_\_\_\_\_ Copy to J. Felder (Regis.) (initials)

\_\_\_\_\_ COPY TO OSA ADVISOR