

**RETROACTIVE PETITION** *(continued)*

Name: \_\_\_\_\_ UC ID: \_\_\_\_\_ Year/ Term: \_\_\_\_\_

Country/Program: \_\_\_\_\_

UC Campus/College: \_\_\_\_\_

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**STUDY CENTER REVIEW & COMMENTS:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name and title*

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**UCEAP REVIEW & COMMENTS:**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*These statements are for informational purposes only. Authority for final approval or denial rests with the campus dean, provost, or committee.*