NEUROSCIENCE CONCENTRATION GENERAL PETITION FORM

Please complete this petition by stating your specific request and explaining the reasons for your request. If relevant, please attach the course syllabus and reading list. Return this petition to the Life Sciences Advising Office (BioLabs 1082) or via email to your concentration advisor: Dr. Ryan Draft (draft@fas.harvard.edu), Dr. Laura Magnotti (magnotti@fas.harvard.edu), or Dr. Kristina Penikis (kpenikis@fas.harvard.edu).

NOTE: All petitions affecting current course scheduling must be received **before noon on the registration deadline** of the relevant semester.

Student's Name (please print)			Date:	Date:	
HUID:	E-Mail add	ress:			
Track:			Class Year:		
Neurobio MBB	Computational	Allied joint			
Which class(es) are yo (course number and name)	u petitioning?				
(course number and name)					
State request and reaso	ns for petition (use add	ditional sheet if nece	ssary, and attach all relevant materials, including sy	/llabi)	
SECTION	S RELOW TO BE FILL	FD OUT BY THE	LIFE SCIENCES ADVISING OFFICE ONLY		
Head Tutor Comments:	O DELOTT TO BETTE		LIFE OCIENCES AD VISING OF FIGE ONE		
riead rutor Comments.					
Petition: Approved	Denied				
Signature of Head Tutor	:				