

Health & Societies Petition - Concentration Electives
For courses not on the approved template

Name _____ Date _____

Course Number & Title * _____

Course Taken (circle one) _____ at Penn _____ other _____

Semester [fall/spring/summer] /Year _____

Your In-Major Concentration: _____

Concentration Courses [List the numbers of **all** 6 courses you have taken or are planning to take to complete your in-major concentration, including the course* you are petitioning.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____ * [Put petitioned course here]

Attach a course syllabus*

Explain how this course fits into your plan for your concentration:

Student Signature _____