



**PETITION FOR DIVIDING  
FULL COURSE WITH CREDIT  
GRADUATE STUDENTS**

**HARVARD UNIVERSITY**  
FAS Registrar's Office  
Smith Campus Center, Suite 450  
1350 Massachusetts Avenue  
Cambridge, MA 02138  
(617) 496-9488  
enrollment@fas.harvard.edu

<b>Please print legibly, complete, and submit to the Registrar's Office BEFORE the drop deadline.</b>		
<b>Student ID # (HUID)</b>		<b>Department/ School</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Course Title</b>		<b>Catalog Number</b>
<b>DIVIDE</b> this course with credit for first half		
<b>Instructor Signature:</b>		
<b>Course Title</b>		<b>Catalog Number</b>
<b>DIVIDE</b> this course with credit for first half		
<b>Instructor Signature:</b>		
<b>Course Title</b>		<b>Catalog Number</b>
<b>DIVIDE</b> this course with credit for first half		
<b>Instructor Signature:</b>		

Office Use Only	
Date Form Received:	Processed Date: