



## ACADEMIC PETITION

NAME \_\_\_\_\_

STUDENT ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_

or last four digits of SS # \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

MAJOR \_\_\_\_\_

ANTICIPATED GRADUATION DATE \_\_\_\_\_

Please submit this form if you seek the waiver or change of a requirement, a modification to your degree plan after it is filed with your application for graduation, or other changes (such as a substitution for a course requirement, the waiver of a portion of the residency requirement, the waiver of a portion of the upper-level distribution requirement, the waiver of a GPA requirement, etc.). Return the completed form to the Registrar.

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*State your request below.*

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*Explain the rationale for your request. Attach additional pages if necessary. If transfer credit is involved, attach a copy of the appropriate transfer credit evaluation (which you can obtain, at no cost, from the Registrar) and course descriptions or syllabi.*

\_\_\_\_\_  
Student's Signature (Required)                      Date

\_\_\_\_\_  
Advisor's Signature (Required)                      Date

Comments:

\_\_\_\_\_  
Department Chair's Signature (Required)                      Date

\_\_\_\_ Approved

\_\_\_\_ Not Approved

\_\_\_\_\_  
Vice-Provost's Signature (Required)                      Date  
(or designee)

\_\_\_\_ Approved

\_\_\_\_ Not Approved

\_\_\_\_\_  
Registrar's Signature (Required)                      Date

Comments:

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*The student may appeal the decision to the Student Appeals Committee – Please see Catalog.*