

PETITION FOR DEGREE REQUIREMENTS

Important Instructions:

+ Use a ballpoint pen to fill out this petition.

Name: _____
Last First Middle PERM # _____

Address: _____
Street Apt. # Phone # _____
City State Zip U-Mail Address: _____

Major(s) _____ Expected Date of Graduation _____

☐ General Education Requirements ☐ Major Requirements ☐ Repeat/Credit Clarification ☐ Other _____

The following is my request: _____

The justification for my request: (attach any documentation) _____

Student's Signature _____ Date _____

Department/Program recommendation:

☐ Approved ☐ Approved with conditions ☐ Denied

Comments from the Chair/Advisor: _____

Department Chair/ Faculty Advisor _____ Date _____

Final action by the Dean:

☐ Approved ☐ Approved with conditions ☐ Denied

Comments from the Dean: _____

Dean _____ Date _____