



### PETITION

#### PROGRAM WAIVER, SUBSTITUTION REQUEST AND OTHER REQUESTS

Student Name		Student ID#	
Cellular #		Email address	
Concentration		Minor/2 <sup>nd</sup> Concentration	
GPA		Year of Graduation	

**STATEMENT OF REQUEST:**

---



---



---

**REASON/DOCUMENTATION** *(Be as specific as possible and attach documentation if necessary)*

---



---



---

STUDENT SIGNATURE

DATE

PROGRAM CHAIR OR ADVISOR SIGNATURE

PROGRAM CHAIR/ADVISOR – PRINT NAME

**RETURN THIS FORM TO THE REGISTRAR'S OFFICE FOR DEAN'S APPROVAL**

#### FOR OFFICE USE ONLY

Approved		Not Approved	Recommendation:
<input type="checkbox"/>	ACADEMIC DEAN'S SIGNATURE	<input type="checkbox"/>	