



OFFICE OF THE REGISTRAR  
337-7204

ACADEMIC PETITION REQUEST  
(For use of units in Major\Minor\Concentration)

REQUESTS MADE WITH THIS FORM REQUIRE THE STUDENT'S SIGNATURE AND THE SIGNATURE OF THE APPROPRIATE DEPARTMENT CHAIR.

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) Box # \_\_\_\_\_  
 ID# \_\_\_\_\_ Advisor \_\_\_\_\_ FA W I SP \_\_\_\_\_  
 If living off campus, to what address shall we send notification of the committee's decision?  
 Street \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

**What are you requesting?**

- Permission to use an AP credit(s) in \_\_\_\_\_ toward my  major  minor  concentration
- Permission to use a study abroad course, \_\_\_\_\_ toward my  major  minor  concentration
- Waiver of \_\_\_\_\_
- Course substitution of \_\_\_\_\_ for \_\_\_\_\_  
toward my  major  minor  concentration
- Other \_\_\_\_\_

Have you discussed your request with your advisor?  Yes  No

Why do you feel this request is necessary (use the back if more room needed)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicable, please use reverse for comments.)*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  Not Approved