

MILGARD
SCHOOL OF BUSINESS
UNIVERSITY of WASHINGTON | TACOMA

PROGRAM PETITION

Student Name: _____

Student #: _____

Date: _____

UW email: _____

STATE YOUR REQUEST:

BRIEFLY EXPLAIN THE REASONS FOR YOUR REQUEST:

(May use the back or an attachment if needed.)

SIGNATURE: _____

*Complete form and submit to a Milgard School of Business advisor in Dougan 204.
The decision will be sent to you via email. Please make sure to use your UW email address.*

Business Staff/Advisor Comments:

Business Staff/Advisor Signature: _____

Program Director Decision: Approved Not Approved

Comments:

Undergraduate Program Director Signature: _____