

Graduation Petition

The student must submit this petition to his or her academic advisor at least two quarters prior to anticipated graduation quarter. The advisor will forward the petition to the Program's Dean/Director or for review by the Academic Policy and Curriculum Committee, which meets once a month during the academic year. The student will be notified of the decision by the Office of the Registrar.

I AM REQUESTING A WAIVER/SUBSTITUTION FOR THE FOLLOWING GRADUATION REQUIREMENT:	
<input type="checkbox"/> World Language - <i>List potential substitute course(s):</i> _____	
<input type="checkbox"/> Residency <input type="checkbox"/> Other (<i>please explain</i>): _____	
NAME (last, first, middle)	STUDENT NUMBER
ACADEMIC PROGRAM AND MAJOR	ANTICIPATED GRADUATION (Qtr/Year)
EMAIL ADDRESS	PHONE
STUDENT SIGNATURE	DATE

ADVISOR REVIEW REQUIRED:

ADVISOR NAME (please print)	PROGRAM/OFFICE
ADVISOR SIGNATURE (<i>signature does not imply approval</i>)	DATE

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- A copy of your DARS report or unofficial transcript.
- Provide a typed statement or letter that explains in detail your circumstance, along with a reason for your request. Include supporting documentation: doctor's note, Disability Support Services letter, and/or letter of support from your advisor.

COMMITTEE USE ONLY	
Final Committee Recommendation: <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	
Reason for Denial: _____	
Name of Dean/Director or Committee Chair: _____	REGISTRAR'S OFFICE USE ONLY <input type="checkbox"/> Posted to student's transcript <input type="checkbox"/> Student Notified Date Processed: _____ Processed by: _____
(<i>please print</i>)	
Signature _____ Date _____	