



**PETITION**

PROGRAM WAIVER, SUBSTITUTION REQUEST AND OTHER REQUESTS

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

STATEMENT OF REQUEST:

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

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 STUDENT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PROGRAM CHAIR OR ADVISOR SIGNATURE

\_\_\_\_\_  
 PROGRAM CHAIR/ADVISOR - PRINT NAME

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

FOR OFFICE USE ONLY	
Approved	Not Approved
<input type="checkbox"/>	<input type="checkbox"/>
DEAN'S SIGNATURE	Recommendation: