

PETITION FOR GRADUATION MATTERS

Perm # _____

General Education Substitution

Major Department Substitution

Other

Expected Date of Graduation: _____ Major(s): _____

Name: _____
Last First Middle Maiden

Phone # _____

Address: _____
Street Apt. #

U-Mail: _____ @umail

_____ City State Zip Code

The following is my request:

The justification for my request is (attach any documentation):

Student's Signature: _____ Date: _____

Comments to student from Chairperson, Adviser, or Assistant Dean:

Approved as stated Approved with above conditions Denied

Department Chairperson/ Adviser Date

Associate Dean Date

<input type="checkbox"/> Registrar	<input type="checkbox"/> College	<input type="checkbox"/> Department	<input type="checkbox"/> E-mailed student
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