



# PETITION

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Box No. Telephone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Degree and Major

\_\_\_\_\_  
Principal Instrument

\_\_\_\_\_  
Advisor

I hereby petition that I be allowed to (*check and complete as appropriate:*)

Apply the following course toward fulfilling the graduation requirement \_\_\_\_\_

\_\_\_\_\_  
*Subject*

\_\_\_\_\_  
*Number*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Instructor*

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Schedule of Classes for _____ Semester</b>				
<i>Subject</i>	No.	Title	Instructor	Credit
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	

Relevant information, reasons, etc.: Include an unofficial transcript.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES: To the signers -please complete the following:  
I have read the above and any attachments, and my position toward the petition is indicated in the box below.

Signature Favorable Neutral Opposed

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Instructor

<p><b>COMMITTEE ACTION:</b></p> <p>This petition has been:</p> <p>    <input type="checkbox"/> granted      <input type="checkbox"/> denied      <input type="checkbox"/> other (see note)</p> <p>Date: _____</p> <p>Chair: _____</p>
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