



**PETITION TO WAIVE A DEPARTMENTAL, COLLEGE, OR UNIVERSITY GRADUATION REQUIREMENT**

To the student: Fill in this section of the petition and return it to your adviser for departmental action. **(Please print clearly)**

Name (Last) (First) (M.I.)

Student Number

Email Address

Have you completed and submitted a Graduation Application with your adviser?

☐ Yes ☐ No

GRADUATION ACTION COMMITTEE  
**COLLEGE GRADUATION COMMITTEE**

Final:

☐ Approval ☐ Denial

Recommendation:

☐ Approval ☐ Denial ☐ No recommendation

For the Committee: (Signature)

(Date)

GRADUATION ACTION COMMITTEE  
**SUBCOMMITTEE ON ADMISSIONS AND GRADUATION**

Final action on recommendation:

☐ Approval ☐ Denial

For the Committee: (Signature)

(Date)

**STUDENT REQUEST**

What are you requesting?

Explain briefly the reasons for your request:

**DEPARTMENTAL RECOMMENDATION**

Student's Major Department:

Departmental Recommendation:

☐ Approval ☐ Denial ☐ No Recommendation

Comments:

For the Department: (Signature)

(Date)

**FOR OFFICE USE ONLY**

☐ Posted to Student's Transcript

☐ DARS Exception posted

☐ Copy to Adviser