PLEAS PRINT CLEARLY
A copy of the final decision will be sent to the student’s UA email account
Please submit completed form with required signatures to the Office of the Registrar

Name

Mailing Address

City State Zip

Phone

UA Email Address

DEGREE INFORMATION

Catalog Year Degree Type Major (and concentration, if applicable): Campus

Expected year of graduation:  Fall  Spring  Summer

I hereby petition to:

Justification

Attach the following before submitting this petition: (Incomplete petitions will be sent back)

☐ Syllabus of course taken  ☐ Catalog description of course being petitioned

☐ Catalog description of course taken  ☐ Signatures of Advisor and Department/Program Chair

SIGNATURES REQUIRED FOR THE FOLLOWING PETITIONS:
Core Curriculum and GER Petitions- Advisor and Department Chair of the academic area involved in petition’s subject matter*

*Then submit form to the Office of the Registrar

Date Advisor Signature  ☐ Approved  ☐ Denied

Advisor (Printed Name)

Date Department/Program Chair Signature  ☐ Approved  ☐ Denied

Department/Program Chair (Printed Name)

Date Core/GER Chair Signature  ☐ Approved  ☐ Denied

Core/GER Chair (Printed Name)