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UNDERGRADUATE PETITION FORM



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Semester _____

P _____

PLEASE 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

UA Student ID# _____

Name _____

PETITION TYPE: Major or minor requirement

Mailing Address _____

Degree or other requirements

City _____ State _____ Zip _____

*-Please provide separate forms for each petition.
-Petitions seeking to waive or substitute degree requirements or other matters on the basis of a disability, the UAF Coordinator of Disability Services will be consulted.*

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

SIGNATURES REQUIRED FOR THE FOLLOWING PETITIONS:

Major or Minor Requirements- Advisor and Department/Program Chair of student's major or minor area*

Degree or Other Requirements- Advisor and Dean/Director of College/School of the student's major*

*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 _____ Dean Signature _____ Approved Denied

Dean (Printed Name) _____

The Office of the Registrar will send the completed form to the Provost for approval if necessary.

Date _____ Provost Signature _____ Approved Denied

Provost (Printed Name) _____

Page _____ of _____