



## PETITION FOR WAIVER OF UNIVERSITY WIDE REQUIREMENTS

Check all that apply:

Substitution of Courses: Core  Elective  Other

College of \_\_\_\_\_ Department: \_\_\_\_\_

### STUDENT INFORMATION

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Banner ID*

\_\_\_\_\_  
*Degree Program*

\_\_\_\_\_  
*Catalog Year*  
Ex: 23-25

Master

Doctoral

\_\_\_\_\_  
*Concentration (if applicable)*

### JUSTIFICATION

### APPROVALS

\_\_\_\_\_  
*Graduate Advisor of Record, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

Approve  Disapprove

\_\_\_\_\_  
*Department Chair, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

Approve  Disapprove

\_\_\_\_\_  
*Associate Dean, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

Approve  Disapprove

### THE GRADUATE SCHOOL

\_\_\_\_\_  
*Vice Provost and Dean of The Graduate School, Signature*

\_\_\_\_\_  
*Date*

Approve  Disapprove