



PETITION FOR WAIVER OF UNIVERSITY WIDE REQUIREMENTS

STUDENT INFORMATION

Name

Date

Banner ID

Program

Catalog Year

*Concentration/Track/Option
(if applicable)*

☐ Certificate

☐ Master

☐ Doctoral

Select if Master's

Select if Doctoral

Check all that apply:

Substitution of Courses: Core ☐ Other ☐

JUSTIFICATION

APPROVALS

Graduate Advisor of Record, Signature

Print Name

Date

Department Chair, Signature

Print Name

Date

Associate Dean, Signature

Print Name

Date

THE GRADUATE SCHOOL

Vice Provost and Dean of The Graduate School, Signature

Date