



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