

Barcode label  
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# BACCALAUREATE CORE PETITION FORM



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RECEIVED

Office use only

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
UA Student ID#

\_\_\_\_\_  
Mailing Address

**This petition is for Baccalaureate core curriculum courses only. Do not use for Certificate, AA, AS or AAS 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

**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 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 Chair Signature  Approved  Denied

\_\_\_\_\_  
Core Chair (Printed Name)

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