

**PLEASE PRINT CLEARLY**

Copy of the final decision will be mailed to the student and student's major department.  
 Please submit complete form with required signatures to the Office of the Registrar.

Name
Street & No.
City <span style="margin-left: 150px;">State</span> <span style="margin-left: 100px;">Zip</span>
Phone:
Email:
<b>UA Student ID#</b>

**PETITION TYPE:**  Core Curriculum  
 Major or Minor Requirement  
 Degree or Other Requirements

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

**RECEIVED**

  
  
  

Office use only

<b>DEGREE INFORMATION</b>		
Expected year of graduation	<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____	
Degree Type:	Major:	Campus:

**1. I hereby petition to:**

  
  
  
  
  
  
  
  
  
  

**Justification:**

**Signatures required for the following petitions:**  
**Core Curriculum Petitions-** Advisor and Department Chair of the academic area involved in petition's subject matter\*  
**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 Registrar's office*

Date	Advisor Signature	APPROVED	DENIED
	Advisor (Printed Name)		
Date	Academic Area Signature	APPROVED	DENIED
	Academic Area (Printed Name)		
Date	Dean Signature	APPROVED	DENIED
	Dean (Printed Name)		
Date	Other Signature	APPROVED	DENIED
	Other (Printed Name)		
Date	Other Signature	APPROVED	DENIED
	Other (Printed Name)		