



UNDERGRADUATE PETITION FORM

Office of Admissions and the Registrar, Graduation Services
 102 Signers' Hall, PO Box 757495
 Fairbanks, AK 99775
 (907) 474-7500 Fax: (907) 474-7097
graduation@uaf.edu

Semester _____ (office use only)

PLEASE PRINT CLEARLY

Copy of the final decision will be sent to the student's UA email account

Please submit complete form with required signatures to the Office of Admissions and the Registrar

UA Student ID#		
Name:		
Mailing Address:		
City	State	Zip
Phone:		
UA Email Address:		

<p>PETITION TYPE: <input type="checkbox"/> Major or Minor Requirement <input type="checkbox"/> Degree or Other Requirements</p> <p><i>-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.</i></p>

DEGREE INFORMATION: Catalog Year _____		
Expected year of graduation:	<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____	
Degree Type:	Major (and concentration, if applicable):	Campus:

<p>RECEIVED</p> <p>Office use only</p>
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<p>1. I hereby petition to:</p> <p>Justification:</p>	
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Signatures required for the following petitions:			
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*			
<i>*Then submit form to the Office of Admissions and the Registrar</i>			
Date	Advisor Signature	APPROVED	DENIED
	Advisor (Printed Name)		
Date	Department/Program Chair Signature	APPROVED	DENIED
	Department/Program Chair (Printed Name)		
Date	Dean Signature	APPROVED	DENIED
	Dean (Printed Name)		
Date	Other Signature	APPROVED	DENIED
	Other (Printed Name)		