

Barcode label
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UNDERGRADUATE PETITION FORM



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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 Admissions and the Registrar

Name

UA Student ID#

City State Zip

PETITION TYPE: Major or minor requirement
 Degree or other requirements

Mailing Address

*-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

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*

*Then submit form to the Office of Admissions and the Registrar

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)

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