



For use when requesting a waiver of any departmental, college, or University graduation requirement.

To the student: Fill in this section of the petition and return it to your	GRADUATION ACTION COMMITTEE
adviser for departmental action. (Please print clearly)	COLLEGE GRADUATION COMMITTEE
Name (Last) (First) (M.I.)	Final: Recommendation: Approval Denial Denial Denial No recommendation
Student Number	For the Committee: (Signature) (Date)
Email Address	GRADUATION ACTION COMMITTEE SUBCOMMITTEE ON ADMISSIONS AND GRADUATION
	Final action on recommendation:
Has your application for degree been submitted to the Graduation and Academic Records Office?	Approval Denial
Yes No	For the Committee: (Signature) (Date)
STUDENT REQUEST	
What are you requesting?	
Explain briefly the reasons for your request:	
DEPARTMENTAL RECOMMENDATION	Denoutmental Decommendation
Student's Major Department:	Departmental Recommendation: Approval Denial No Recommendation
Comments:	
	For the Department: (Signature) (Date)
EOP OFFIC	F LISE ONLY
FOR OFFICE USE ONLY	
☐ Posted to Student's Transcript ☐ DARS Exception posted ☐ Copy to Adviser	