PETITION FOR GRADUATION MATTERS							
	General Education Substitution	Major Department Substitution		Perm # Other			
Expected Date of Graduation:		Major(s):					
Name: Last Address:	st First Street		Maiden Apt. #	_ Phone # _ U-Mail:			
	City g is my request:	State	Zip Code	_			
The justifica	tion for my request is (attach a	any documentation):					
Student's Signature:							
	to student from Chairperson, 4 red as stated		Dean:	tions	O Denied		

Department Chairperson/Ad	viser Da	te Assistant Dean	Date
🗆 Registrar	College	Department	□ E-mailed student