



## Undergraduate Standards Committee Petition

**Directions:**

1. Fully complete the form below. (*Petitions must be typed.*)
2. Concisely explain the reason for your request. Give all pertinent information.
3. Attach any necessary supporting documents. (ie: general studies check-sheets, course syllabi, etc.)
4. Include a copy of your DARS audit and Unofficial Transcript.
5. Sign and date in the appropriate area.

Name (Last, First Middle):		ASU ID Number (10 digits, located on your Suncard):		Date:	
Address, City, State, Zip Code:		ASU email:		Phone:	
College:		Degree:	Current Major:	Campus of your major:	
Total ASU Hours Completed:	Current ASU GPA:	Currently Enrolled Hours: (ASU):	Transfer Hours:	Catalog Year:	Anticipated Graduation Date:

Describe the nature of your request (in 30 words or less). (*There is additional space for a full, comprehensive statement on the second page.*)

### COLLEGE SPECIFIC PETITIONS

(Decisions are final at college/school level)

<input type="checkbox"/> Pursue Concurrent Degrees	&				
<input type="checkbox"/> Register for course overload	Semester:	Yr:	Total hours for overload:		
<input type="checkbox"/> Enroll in 500-level course for undergraduate credit.	Semester:	Yr:	Course Prefix:	Number:	
<input type="checkbox"/> Other	Title:				

### COLLEGE/UNIVERSITY PETITIONS

(College/School level approval is final. If disapproved, forward to University Standards Committee with comment for final decision.)

*Note- For approved Third-time petitions, follow the same process mentioned above and petition must be sent to USC for recording purposes.*

<input type="checkbox"/> Retain Catalog Year	Enter Catalog year:				
<input type="checkbox"/> Enroll in course for third time.	Course Prefix:	Number:	Title:		
Semester requesting to take for 3 <sup>rd</sup> time:	Yr:	Course History-			
Campus:		1 <sup>st</sup> Attempt – Semester:	Yr:	Grade:	
		2 <sup>nd</sup> Attempt – Semester:	Yr:	Grade:	
Can another course be taken towards degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If so which course(s):					
<input type="checkbox"/> Use course to fulfill the General Studies Requirement	Course Prefix:	Number:	Title:		Is this a Transfer Course? Yes No
<b>Required Documentation</b>	<input type="checkbox"/> Course Syllabus from the same <b>semester &amp; instructor</b> with whom you took the course. <input type="checkbox"/> <a href="#">ASU Criteria Check Sheet</a> (Filled out, signed and dated by the professor/Dept. Chair/Chair Designee.				

### UNIVERSITY PETITIONS

(Received & reviewed by College/School, forward to University Standards Committee with comment.)

<input type="checkbox"/> Adjustment to the University Graduation Requirement:	<input type="checkbox"/> Minimum credit hours (120 total) <input type="checkbox"/> Minimum upper-division credit hours (45 total) <input type="checkbox"/> Cumulative 2.00 ASU GPA <input type="checkbox"/> Residency hours (30 min/56 min honors) <input type="checkbox"/> Waive General Studies Requirement:
<input type="checkbox"/> Transfer credit:	<input type="checkbox"/> Acceptance of non-transferable credit <input type="checkbox"/> Adjustment of transfer GPA <input type="checkbox"/> Requirements for second baccalaureate
<input type="checkbox"/> Other	



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Concisely explain the reason for your request. Give all pertinent information.

Student Signature:

Date:



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**FOR COLLEGE/SCHOOL USE ONLY – DO NO WRITE BELOW THIS LINE**

### ADVISOR

Recommendation of Advisor (*Required; if no signature is available Academic Unit section MUST be completed*):

Approve     Deny     Defer

Comments:

Advisor Signature:

Date:

### ACADEMIC UNIT

Recommendation of Academic unit (*Required if no advisor signature is available*):

Approve     Deny     Defer

Comments:

Authorized Signature:

Date:

### COLLEGE/SCHOOL STANDARDS COMMITTEE

Recommendation of College/School Standards Committee (*Required*):

Approve     Deny     Defer

Comments:

Authorized Signature:

Date:

Dean's Signature (*if applicable*):

Date: