WASHINGTON STATE UNIVERSITY
UNIVERSITY REQUIREMENT PETITION

Petitions should be submitted no later than the term prior to graduation

What are you looking for?	When should you use it?	Routing for Signatures
☐ **University Graduation Requirement Petition**	To fulfill University graduation requirements: · 2.0 minimum gpa · 40 upper division-credits · 120 credits	1. Student 2. Academic Advisor 3. Department Chair 4. College Dean or Designee 5. Division of Academic Engagement and Student Achievement (DAESA) *zip 1061, Lighty 180, 335-1352*
☐ **University Common Requirement Petition**	To fulfill University Common Requirements	1. Student 2. Academic Advisor 3. College Dean or Designee 4. *Division of Academic Engagement and Student Achievement (DAESA) zip 1061, Lighty 180, 335-1352*
☐ **Honors to University Common Requirements**	To fulfill University Common Requirements with Honors courses, if a student is leaving the Honors College	1. Student 2. Academic Advisor in major 3. *Division of Academic Engagement and Student Achievement (DAESA) zip 1061, Lighty 180, 335-1352*
Transfer Course Substitution Requests	The form is available at the following hyperlink: https://advising.wsu.edu/advisors/advisingforms/	

Please include with all petitions:

1. **Current Advisement Report**
2. **Copies of all transcripts and Transfer Credit Report if transfer student**
3. **Course descriptions and/or syllabi for all substitutions**

NAME: _____

WSU ID #: _____

WSU Campus: _____

LOCAL ADDRESS:

_____

_____

EXPECTED GRADUATION DATE: _____

MAJOR: _____

WSU E-MAIL:

_____

PHONE NUMBER: _____

☐ I petition to **substitute** (course prefix and course number): _____

From (college or university): _____

Final grade: _____ Semester/Quarter hours: _____

To fulfill the following requirement: _____

1. What is the reason for the petition request?

2. Why are you unable to complete the requirement?

3. Why should this course be considered for a substitution?

OR

☐ I petition to **waive** the following requirement: _____

1. Why are you unable to complete the requirement?

Recommendation by advisor:

Please provide a complete rationale for support and note all other options considered for this student.

Student Signature/Approval **Date**
If student unable to sign, verification of approval required.

Primary Academic Advisor Signature **Date**
Advisor name (print) _____
Campus Zip_____ Phone # _____
Email _____

☐ Recommend Approval
☐ Recommend Denial

Department Chair Signature **Date**

☐ Recommend Approval
☐ Recommend Denial

College Dean or Designee Signature **Date**

☐ Recommend Approval
☐ Recommend Denial

Vice Provost for Undergraduate Education **Date**

☐ Approve
☐ Deny
☐ Other

Additional comments: