WASHINGTON STATE UNIVERSITY UNIVERSITY REQUIREMENT PETITION

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

hat 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	 Student Academic Coordinator Department Chair College Dean or Designee Office of Undergraduate Education zip 4519, CUE 403, 335-5699 	
General Education Requirement/ University Common Requirement Petition	To fulfill General Education Requirements/University Common Requirements	 Student Academic Coordinator College Dean or Designee Office of Undergraduate Education zip 4519, CUE 403, 335-5699 	
Honors to General Education Requirements/University Common Requirements	To fulfill General Education/ University Common Requirements not covered by Honors Curriculum, if a student is leaving Honors College	 Student Academic Advisor in major Office of Undergraduate Education zip 4519, CUE 403, 335-5699 	

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 #:			
LOCAL ADDRESS:	WSU E-MAIL:		
I petition to substitute (course prefix and co	urse number):		
From (college or university):			
Final grade:	Semester/Quarter hours:		
To fulfill the following requirem	nent:		
1. What is the reason for the petition request	??		
2. Why are you unable to complete the requi	irement?		
3. Why should this course be considered for	a substitution?		
OR			
I petition to waive the following requirement	t:		
1. Why are you unable to complete the requ	iirement?		
Recommendation by advisor:			
Please provide a complete rationale for support	and all other ontions considered for this student		

Student Signature	Date			
		Reco	ommend Approval	
Academic Advisor Signature	Date	Reco	Recommend Denial	
Advisor name (print)				
Campus Zip Phone #				
Email				
		Reco	ommend Approval	
Department Signature	Date	Reco	ommend Denial	
		Reco	ommend Approval	
College Dean or Designee Signature	Date	Recommend Denial		
Vice Provost for Undergraduate Educatio	on	Date	Approve Deny Other	
Additional comments:				