



COLLEGE OF SANTA FE
Office of the Registrar

ACADEMIC PETITION

Name _____

Student ID # _____

Address _____

SS # _____

Date _____

Major _____

Anticipated Grad. Date _____

Please submit this form if you wish to seek the waiver or modification of a requirement, a modification to your degree plan after it is filed with your application for graduation, or other changes such as a substitution for a CORE* requirement, waiver of a portion of the residency requirement, waiver of a portion of the upper-level distribution requirement, waiver of a GPA requirement, etc. Return the completed form to the Registrar's office.

State your request below.

Explain the rationale for your request. Attach additional pages, if necessary. If transfer credit is involved, attach a copy of the appropriate transfer credit evaluation (obtained, at no cost, from the Registrar's office) and course descriptions or syllabi.

Student's Signature (Required) *Date*

_____ Approved _____ Not Approved

Advisor's Signature (Required) *Date*

_____ Approved _____ Not Approved

Department Chair's Signature (Required) *Date*

_____ Approved _____ Not Approved

E&W Director's Signature (If Applicable) *Date*

Comments:

Registrar's Signature (Required) *Date*

_____ Approved _____ Not Approved

Vice President for Academic Affairs Signature *Date*
(Not required for requests which are strictly departmental in nature)

The student may appeal the decision to the Academic Standards Committee, whose decision is final.

*** In a case involving a request for waiver or substitution of a CORE requirement, the Core Director must sign.**