

Term to be effective

Date

## Student details

Name (Last, First Middle)

ASU ID number (10-digit, found on Sun Card)

ASU email

Phone

Current major

Academic unit

Location

Total ASU  
hours  
completed

ASU hours  
currently  
enrolled

Total  
transfer  
hours

ASU  
GPA

Catalog  
year

Anticipated  
graduation  
date

## University petitions

Received and reviewed by college or school, forward to University Standards Committee with comment.

### Adjustment to the university graduation requirement

- ☐ Minimum credit hours (120 total)
- ☐ Minimum upper-division credit hours (45 total)
- ☐ Cumulative 2.00 ASU GPA
- ☐ Residency hours (30 min. and 56 min. honors)
- ☐ Waive general studies requirement

- ☐ Use course for general studies requirement

Prefix

Number

Title




Semester completed

Year

Grade




Is this a transfer course ? Yes ☐ No ☐

Required documentation:

- Course syllabus (from the same semester and instructor with whom you took the course)
- [ASU Criteria Check Sheet](#) (Filled out, signed and dated by the professor, department chair or chair designee)

### Transfer credit

- ☐ Acceptance of non-transferable credit
- ☐ Adjustment of transfer GPA
- ☐ Requirements for second baccalaureate
- ☐ Reject transfer credit

Prefix

Number

Title




### Other, please explain

Concisely explain how you will be better prepared to succeed in this attempt.

## Supporting documents and signature

Required supporting documents: ☐ Unofficial transcript  
☐ Graduation audit (DARS)

Optional documents: ☐ Page three included

Student signature

Date

### Advisor recommendation

Advisor recommendations and required signature. If advisor signature is not available, an Academic Unit representative **must** complete and sign the next section.

Recommendation

Comments

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Date

### Academic unit recommendation

Academic unit recommendation and academic unit representative signature, if the advisor signature is not provided.

Recommendation

Comments

\_\_\_\_\_  
Academic unit representative signature

\_\_\_\_\_  
Date

### College or school standards committee

College or school standards committee recommendation and required signature.

Recommendation

Comments

\_\_\_\_\_  
Standards committee representative signature

\_\_\_\_\_  
Date