

| Date: | |
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Term to be effective:

Undergraduate Standards Committee Petition

| Name (Last, First Middle): | ASU ID Number (10 digits, located on your Suncard): | | | | |
|---|---|---------------------|---|----------------------|------------------------------|
| ASU email: | | | Pho | ne: | |
| Current Major: | | College: | | | Campus of your major: |
| Total ASU Hours Completed: Current ASU | J Hours Enrolled: | Transfer Hours: | ASU GPA: | Catalog Year: | Anticipated Graduation Date: |
| (Received & reviewe | | VERSITY PE | | rds Committee with | comment.) |
| Adjustment to the University Graduation Minimum credit hours (120 total) Minimum upper-division credit hours (4) Cumulative 2.00 ASU GPA Residency hours (30 min / 56 min hono) Waive General Studies Requirement: Use Course for General Studies Requirement: Prefix: Number: Title: Semester Completed: Year Is this a Transfer Course? Yes: | 45 total) ors) ement: : Grade: | A A R | Adjustment of t Requirements for Reject Transfer Prefix: | or second baccalaure | |
| Required Documentation: - Course Syllabus (from the same se - ASU Criteria Check Sheet (Filled Concisely explain the reason for your reques | emester & instructor out, signed, and de | ated by the profess | sor / Dept. Chai | r / Chair Designee | |
| | raduation Audit DARS) | OPTIC (Additi | NAL onal page if ne | | Signature: |



Undergraduate Standards Committee Petition

ADVISOR RECOMMENDATION

| Recommendation of Advisor (Required; if no signature is available Academic Unit section MUST be completed): |
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| ACADEMIC UNIT |
| Recommendation of Academic unit (Required if no advisor signature is available): |
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COLLEGE/SCHOOL STANDARDS COMMITTEE

Signature required: