

PETITION FOR CAPP ADJUSTMENTS

Please allow up to 10 working days for petition processing - Check the PROWL for confirmation.

LAST NAME FIRST NAME MI.

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ID#

MAILING ADDRESS

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DAYTIME PHONE

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CAMPUS BOX

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EVENING PHONE

EMAIL

CLASS YEAR:

SR JR SO FR G

COLLEGE:

BA CF ED FT LA SE

MAJOR

MAJOR OR MINOR THIS
ADJUSTMENT APPLIES TO

COURSE SUBSTITUTION / RULE ADJUSTMENT

| | | | | |
|----------------------------|-----|----------------------------|----|-------------|
| DEPARTMENT COURSE NUMBER | FOR | DEPARTMENT COURSE NUMBER | OR | AREA RULE |
| DEPARTMENT COURSE NUMBER | FOR | DEPARTMENT COURSE NUMBER | OR | AREA RULE |
| DEPARTMENT COURSE NUMBER | FOR | DEPARTMENT COURSE NUMBER | OR | AREA RULE |
| DEPARTMENT COURSE NUMBER | FOR | DEPARTMENT COURSE NUMBER | OR | AREA RULE |

COMMENTS

COURSE WAIVER

| | | |
|----------------------------|----------------------------|----------------------------|
| DEPARTMENT COURSE NUMBER | DEPARTMENT COURSE NUMBER | DEPARTMENT COURSE NUMBER |
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COMMENTS

WAIVER / ADJUSTMENT OF UNIVERSITY OR COLLEGE PROGRAM REQUIREMENT

| | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED |

ADVISOR

DATE

CHAIRPERSON

DATE

DEAN

DATE