



Office of the Registrar
PO Box 141629
Anchorage, Alaska 99508-1629
(907) 786 1480

For Official Use Only

ACADEMIC PETITION

Return this form to Enrollment Services after obtaining all the signatures below to the designated order. A decision regarding your petition will be mailed to you.

Expected Date of Graduation:

May Aug Dec Year

ID:

Name:

Last

First

Middle

Phone:

Address:

Street

City

State

Zip

Catalog Year: Degree/Certificate: Major: Minor: (If applicable)

Office Use Only

Approved Not Approved Date: Processed by: Comments:

I HEREBY PETITION TO: (if more space is needed, please type your petition on a separate sheet and attach it to this form)

JUSTIFICATION: (if more space is needed, please type your justification on a separate sheet and attach it to this form)

Candidate's Signature

Date

ADVISING SIGNATURES: OBTAIN IN DESIGNATED ORDER

Candidate's Academic Advisor Comments:

Approved Not Approved

(1) Academic Advisor Printed Signature Date

Department Chairperson for petitioned course (if applicable) Comments:

Approved Not Approved

(2) Dean Konopasek, Chair Date

Department Chairperson of candidate's major Comments:

Approved Not Approved

(3) Date Date

Dean of the Candidate's College Comments:

Approved Not Approved (4) Donna Gail Shaw, Associate, Dean Date

NOTE: If this petition pertains to General Education Requirements and/or General University Requirements, Enrollment Services will forward it to the Academic Affairs office for review.

Approved Not Approved (6) Associate Vice Provost's Signature Date