

Undergraduate Standards Committee Petition

| NOTE: Download the form before populating | g the fields. | Term to b | e effecti | ve | Date |
|---|-------------------|----------------------------------|-----------|------------------|-------------------------|
| Student details | | | | | |
| Name (Last, First Middle) | | | ASU II | number (10-di | git, found on Sun Card) |
| | | | | | |
| ASU email | | | Phone | | |
| | | | | | |
| Current major A | cademic unit | | | | Location |
| | | | | | |
| Total ASU ASU hours Total | ASU | Cat | alog | | pated |
| hours currently transfer hours enrolled hours | GPA | | year | grad | uation date |
| University petitions | | | | | |
| | | | | | |
| Received and reviewed by college or school, forwar Adjustment to the university graduation require | • | andards Con Transfer c | | ith comment. | |
| O Minimum credit hours (120 total) | ment | | | of non-transfera | hle credit |
| Minimum upper-division credit hours (45 total) | I) | | - | of transfer GPA | blo orealt |
| O Cumulative 2.00 ASU GPA | , | - | | s for second ba | ccalaureate |
| O Residency hours (30 min. and 56 min. honor | rs) | ○ Reje | ct transf | er credit | |
| O Waive general studies requirement | | Pref | ix | Number | Title |
| | | | | | |
| O Use course for general studies requirement | | | | | |
| | | Other, plea | se expl | ain | |
| Prefix Number Title | | | | | |
| | | | | | |
| Semester completed Year | Grade | | | | |
| | | | | | |
| Is this a transfer course ? Yes No |) | | | | |
| Required documentation: | | | | | |
| Course syllabus (from the same semeste with whom you took the course) | er and instructor | | | | |
| ASU Criteria Check Sheet (Filled out, signature) | | | | | |
| by the professor, department chair or cha | air designee) | | | | |
| Concisely explain your request. | | | | | |
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| Supporting documents and signature | | | | | |
| Deguired currenting decurrents. | o orint | Ontional da | monts. [| Dogo three :- | aludad |
| Required supporting documents: Unofficial trans | | puonai doct | ments: [| _ Page three ir | iciuueu |
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| | | | | | |

Student signature

Date

| Advisor recomm | endation | | |
|--|---|---|--|
| Advisor recommenda complete and sign the | tions and required signature. If advisor signature enext section. | e is not available, an Academic Unit representative must | |
| Recommendation | Comments | | |
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| Advisor signature | | Date | |
| Advisor signature | | Date | |
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| Academic unit re | ecommendation | | |
| Academic unit recom | mendation and academic unit representative sig | nature, if the advisor signature is not provided. | |
| Recommendation | Comments | .a.a.o, a.o aa.oo. o.g.aaa.o o o.oo p.o o.aoa. | |
| Recommendation | | | |
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| Academic unit repres | entative signature | Date | |
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| College or school | ol standards committee | | |
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| College or school sta | ndards committee recommendation and required | I signature. | |
| Recommendation | Comments | | |
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| Standards committee | representative signature | Date | |
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