General Petition

						To be completed by Advis	sor		
Name Last, First,			Middle		Current	Current			
,				Middle		Student Program/Plan Student Academic Career			
My UH# / HA# Phone Number						Petition Effective BEFC	ORE first class day Semester/Year		
Mailing Address						Petition Effective	THE HIST class day semicion, retain		
City	State ZIP Email			AFTER fire		rst class day Semester/Year			
Mark number	for purpose of petition (For numbers wit	h an "*" comp	olete EXPLANATI	ON OF REQUEST)				
 Update Student's Program Status/action (readmit, term activate, etc.) Admission Status change from to Add a new career If post baccalaureate, indicate study objective:				*5. Student requests plan(major) change from to *6. Degree objective/plan change (B.A,B.S,B.B.A., etc.) to If you are pursuing or intend to pursue more than one degree and plan at the same time, indicate second degree information under EXPLANATION OF REQUEST. (See number 5 if you are changing plan as well.) *7. Requirement Term(year): UH Catalog/Career Program/Plan *8. Student Requests Additional Plan BA/BS/Other Is new plan your primary or secondary plan? Indicate any other plan and/or minors you are currently pursuing Under EX-PLANATION OF REQUEST.(See number 6 if you are Changing degree objectives.)			to 11. Add additional Minor in *12. Degree requirement exception 13. Special Problem courses request (Indicat course description and instructor.) *14. C load (indicate G.P.A., number of hours and Graduate studies leave of absence 16. Graduate studies reinstatement	BA/BS/Other 10. Student request removal or change of minor from to 11. Add additional Minor in *12. Degree requirement exception 13. Special Problem courses request (Indicate course(s), course description and instructor.) *14. Course overload (indicate G.P.A., number of hours and courses) 15. Graduate studies leave of absence 16. Graduate studies reinstatement	
Signature of Stud				6	Date April 2,	2025			
				ACAI	DEMIC OFF	ICE USE ONLY	,		
Approved Disapproved	Advisor/Instructor			 Signature	Printed Name	Date	COMMENTS		
Approved Disapproved	Chairperson			Signature	Printed Name	Date			
Approved Disapproved	College Dean			Signature	Printed Name	Date			
Approved Disapproved	Sr. Vice President/Pr	ovost		Signature	Printed Name	Date			