

General Petition

Name

Last,First,Middle

My UH# / HA#

Phone Number

Mailing Address

CityStateZIPEmail

To be completed by Advisor

Current Student Program/Plan

Current Student Academic Career

Petition Effective

BEFORE first class day Semester/Year

Petition Effective

AFTER first class day Semester/Year

Mark number for purpose of petition (For numbers with an ”*” complete EXPLANATION OF REQUEST)

1. Update Student’s Program Status/action (readmit, term activate, etc.)

2. Admission Status change fromto

3. Add a new career

If post baccalaureate, indicate study objective:

Second bachelor’s degree

Requirements for graduate study

Teacher certification

Personal enrichment

*4. Student request Program Change fromto

*5. Student requests plan(major) change fromto

*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/CareerProgram/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 EXPLANATION OF REQUEST.(See number 6 if you are Changing degree objectives.)

9. Add second Degree in

BA/BS/Other

10. Student request removal or change of minor fromto

11. Add additional Minor in

*12. Degree requirement exception

13. Special Problem courses request (Indicate course(s), course description and instructor.)

*14. Course over-load (indicate G.P.A., number of hours and courses)

15. Graduate studies leave of absence

16. Graduate studies reinstatement

17. Other

EXPLANATION OF REQUEST:

Signature of Student _____ Date _____

ACADEMIC OFFICE USE ONLY

Approved

Disapproved

Advisor/Instructor

Signature

Printed Name

Date

Approved

Disapproved

Chairperson

Signature

Printed Name

Date

Approved

Disapproved

College Dean

Signature

Printed Name

Date

Approved

Disapproved

Sr. Vice President/Provost

Signature

Printed Name

Date

COMMENTS